



1992

Illinois Register

Rules of Governmental Agencies

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INTRODUCTION

The Illinois Register is the official state document for publishing public notice of rulemaking activity by State governmental agencies. The table of contents is arranged categorically by rulemaking activity and alphabetically by agency within each category. Rulemaking activity consists of proposed or adopted new rules or amendments to or repealers of existing rules, including those by emergency or peremptory action.

The *Register* also contains Executive Orders and Proclamations issued by the Governor, notices of public information required by State statute, and activities (meeting agendas, Statements of Objection or Recommendation, etc.) of the Joint Committee on Administrative Rules (JCAR), a legislative oversight committee which monitors the rulemaking activities of State agencies. In addition, the *Register* contains a Cumulative Index listing alphabetically by agency the Parts (sets of rules) on which rulemaking activity has occurred in the current *Register* volume and a Sections Affected Index listing, by Title of the *Illinois Administrative Code*, each Section (including supplementary material) of a Part on which rulemaking activity has occurred in the current volume. Both indices are action coded and are designed to aid the public in monitoring rules.

The *Register* will serve as the update to the *Illinois Administrative Code*, a compilation of the rules of State agencies. The most recent edition of the *Code* along with the *Register* comprise the most current accounting of the State agencies' rules.

The *Illinois Register* is the property of the State of Illinois, granted by the authority of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1989, ch. 127, pars. 1001 et seq., as amended).

REGISTER PUBLICATION SCHEDULE 1991

Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:	Material Rec'd after 4:30 p.m. on:	And before 4:30 p.m. on:	Will be in Issue #:	Published on:
Dec. 18, 1990	Dec. 24, 1990	1	Jan. 4, 1991	June 25, 1991	July 2, 1991	28	July 12, 1991
Dec. 24, 1990	Dec. 31, 1990	2	Jan. 11, 1991	July 2, 1991	July 9, 1991	29	July 19, 1991
Dec. 31, 1990	Jan. 8, 1991	3	Jan. 18, 1991	July 9, 1991	July 16, 1991	30	July 26, 1991
Jan. 8, 1991	Jan. 15, 1991	4	Jan. 25, 1991	July 16, 1991	July 23, 1991	31	Aug. 2, 1991
Jan. 15, 1991	Jan. 22, 1991	5	Feb. 1, 1991	July 23, 1991	July 30, 1991	32	Aug. 9, 1991
Jan. 22, 1991	Jan. 29, 1991	6	Feb. 8, 1991	July 30, 1991	Aug. 6, 1991	33	Aug. 16, 1991
Jan. 29, 1991	Feb. 5, 1991	7	Feb. 15, 1991	Aug. 6, 1991	Aug. 13, 1991	34	Aug. 23, 1991
Feb. 5, 1991	Feb. 11, 1991	8	Feb. 22, 1991	Aug. 13, 1991	Aug. 20, 1991	35	Aug. 30, 1991
Feb. 11, 1991	Feb. 19, 1991	9	Mar. 1, 1991	Aug. 20, 1991	Aug. 27, 1991	36	Sept. 6, 1991
Feb. 19, 1991	Feb. 26, 1991	10	Mar. 8, 1991	Aug. 27, 1991	Sept. 3, 1991	37	Sept. 13, 1991
Feb. 26, 1991	Mar. 5, 1991	11	Mar. 15, 1991	Sept. 3, 1991	Sept. 10, 1991	38	Sept. 20, 1991
Mar. 5, 1991	Mar. 12, 1991	12	Mar. 22, 1991	Sept. 10, 1991	Sept. 17, 1991	39	Sept. 27, 1991
Mar. 12, 1991	Mar. 19, 1991	13	Mar. 29, 1991	Sept. 17, 1991	Sept. 24, 1991	40	Oct. 4, 1991
Mar. 19, 1991	Mar. 26, 1991	14	Apr. 5, 1991	Sept. 24, 1991	Oct. 1, 1991	41	Oct. 11, 1991
Mar. 26, 1991	Apr. 2, 1991	15	Apr. 12, 1991	Oct. 1, 1991	Oct. 8, 1991	42	Oct. 18, 1991
Apr. 2, 1991	Apr. 9, 1991	16	Apr. 19, 1991	Oct. 8, 1991	Oct. 15, 1991	43	Oct. 25, 1991
Apr. 9, 1991	Apr. 16, 1991	17	Apr. 26, 1991	Oct. 15, 1991	Oct. 22, 1991	44	Nov. 1, 1991
Apr. 16, 1991	Apr. 23, 1991	18	May 3, 1991	Oct. 22, 1991	Oct. 29, 1991	45	Nov. 8, 1991
Apr. 23, 1991	Apr. 30, 1991	19	May 10, 1991	Oct. 29, 1991	Nov. 5, 1991	46	Nov. 15, 1991
Apr. 30, 1991	May 7, 1991	20	May 17, 1991	Nov. 5, 1991	Nov. 12, 1991	47	Nov. 22, 1991
May 7, 1991	May 14, 1991	21	May 24, 1991	Nov. 12, 1991	Nov. 19, 1991	48	Dec. 2, 1991 (Mon.)
May 14, 1991	May 21, 1991	22	May 31, 1991	Nov. 19, 1991	Nov. 26, 1991	49	Dec. 6, 1991
May 21, 1991	May 28, 1991	23	June 7, 1991	Nov. 26, 1991	Dec. 3, 1991	50	Dec. 13, 1991
May 28, 1991	June 4, 1991	24	June 14, 1991	Dec. 3, 1991	Dec. 10, 1991	51	Dec. 20, 1991
June 4, 1991	June 11, 1991	25	June 21, 1991	Dec. 10, 1991	Dec. 17, 1991	52	Dec. 27, 1991
June 11, 1991	June 18, 1991	26	June 28, 1991	Dec. 17, 1991	Dec. 24, 1991	1	Jan. 3, 1992
June 18, 1991	June 25, 1991	27	July 5, 1991	Dec. 24, 1991	Dec. 31, 1991	2	Jan. 10, 1992

Please note: When the Register deadline falls on a State holiday, the deadline becomes 4:30 p.m. on Monday (the day before).

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- ILLINOIS REGISTER
- DEPARTMENT OF LABOR
- NOTICE OF PROPOSED AMENDMENTS
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- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Written comments may be submitted to the following:

Lenore Killam
Safety Inspection and Education Division
Illinois Department of Labor
#1 West Old State Capitol Plaza, Room 300
Springfield, IL 62701
217/782-4102

Public hearings are scheduled as follows:

10:00 A.M., Wednesday, January 22, 1992
Illinois Department of Labor
#1 West Old State Capitol Plaza, Room 300
Springfield, IL

1:00 P.M., Thursday, January 23, 1992
Illinois Department of Labor
310 South Michigan Avenue, Floor 10
Chicago, IL
- 12) Initial Regulatory Flexibility Analysis:

A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: Not Applicable

B) Types of small businesses or municipalities affected:

Due to the effect of preemption of Department rules by the federal Occupational Safety and Health Administration, private sector businesses are not affected. All public sector work sites will be affected.

Costs associated with compliance are for the correction of work site health and safety hazards, which will have a direct positive impact within the public sector work force.

Savings will be realized due to fewer workplace injuries and occupational diseases, lower worker's compensation costs, and increased employee productivity due to fewer lost work days and a healthier work force.

Variance procedures within the regulations allow public sector employers to petition for variance from standards when compliance cannot be achieved because of factors beyond their control.
- 1) Heading of Part: Health and Safety
- 2) Code Citation: 56 Ill. Adm. Code 350
- 3) Section Numbers:
350.10
350.280
- 350.280
- 4) Statutory Authority: Implementing and authorized by "AN ACT in relation to safety inspections and education in industrial and commercial establishments and to repeal an Act herein named" (Ill. Rev. Stat. 1991, ch. 48, par. 59.02 et seq.) and the "Health and Safety Act" (Ill. Rev. Stat. 1991, ch. 48, par. 137.1 et seq.)
- 5) A Complete Description of the Subjects and Issues Involved:
"AN ACT to amend certain Acts in relation to occupational health and safety" (P.A. 87-245) transfers the responsibility to update regulations and adopt certain federal standards pertaining to occupational health and safety from the Illinois Industrial Commission to the Illinois Department of Labor. These amendments incorporate this change in responsibility into the Department's rules. By this rulemaking, updated standards published in 29 CFR 1910, 1915, and 1926 are adopted as Department rules.
- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed amendment contain incorporation by reference? Yes.
This rule incorporates the standards located in 29 CFR 1910, 1915, and 1926 effective on July 1, 1991, as amended at FR56:37650, FR56:41793 and FR56:43699, and do not include any later amendments or editions.
- 9) Are there any other amendments pending on this Part? No
- 10) Statement of Statewide Policy Objectives:
The Health and Safety Act requires the Department to adopt updated Occupational Safety and Health Administration Standards as often as necessary to remain current with the federal Regulations. Adoption of these standards ensure that public sector workers are provided with the same level of health and safety protection that is afforded to private sector workers within the state.

DEPARTMENT OF LABOR

NOTICE OF PROPOSED AMENDMENTS

C) Reporting, bookkeeping, or other procedures required for compliance:

Several of the new standards require written compliance programs. These standards do not require the use of any new standardized forms.

Specific examples of information required by the written programs include documentation of employee training, standard safe operating procedures, employee exposure records, and maintenance of employee medical records. Guidance for the proper maintenance of the documentation is provided free of charge by the Department.

D) Types of professional skills necessary for compliance:

General administrative skills are sufficient for compliance with the proposed amendments.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF LABOR

NOTICE OF PROPOSED AMENDMENT

TITLE 56: LABOR AND EMPLOYMENT
CHAPTER 1: DEPARTMENT OF LABOR
SUBCHAPTER b: REGULATION OF WORKING CONDITIONS

PART 350
HEALTH AND SAFETY

SUBPART A: INSPECTIONS AND CITATIONS

Section	Purpose and Scope
350.10	Definitions
350.20	Posting of Notice
350.30	Availability of Rules and Standards
350.40	Inspection Authority
350.50	Advance Notice of Inspection
350.60	Conduct of Inspections
350.70	Closing Conferences
350.80	Representatives of Employers and Employees
350.90	Objections During Inspection
350.100	Trade Secrets or Confidential Information
350.110	Consultation with Employees
350.120	Complaints by Employees
350.130	Imminent Danger
350.140	Citations
350.150	Posting of Citations
350.160	Appeal of Citation
350.170	Appeal of Abatement Period
350.180	Petition for Variance from Standards
350.190	Hearings
350.195	Advisory Inspections
350.200	

SUBPART B: RECORDS OF INJURIES AND ILLNESSES

350.210	Emergency Notification
350.220	Recordable Injuries and Illnesses
350.230	Log of Injuries and Illnesses
350.240	Supplementary Record of Injuries and Illnesses
350.250	Annual Summary
350.260	Retention of Records
350.270	Access to Records

SUBPART C: STANDARDS

350.280	Adoption of Federal Standards
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SUBPART A: INSPECTIONS AND CITATIONS

AUTHORITY: Implementing and authorized by "AN ACT in relation to safety inspections and education in industrial and commercial establishments and to repeal an Act therein named" (Ill. Rev. Stat. 1983, ch. 48, par. 59-4 59.02 et seq.) and the "Health and Safety Act" (Ill. Rev. Stat. 1983, 1991 ch. 48, par. 137.1 et seq.).

SOURCE: Emergency rules adopted at 9 Ill. Reg. 17004, effective October 17, 1985, for a maximum of 150 days; adopted at 10 Ill. Reg. 8765, effective May 14, 1986; amended at 11 Ill. Reg. 2798, effective January 28, 1987; amended at 12 Ill. Reg. 17086, effective October 11, 1988; amended at 16 Ill. Reg. _____, effective _____.

Section 350.10 Purpose and Scope

a) The Health and Safety Act (Ill. Rev. Stat. 1983, 1991 ch. 48, par. 137.1 et seq.) requires that employers covered by the Act provide to their employees employment and a place of employment which are free from recognized hazards that are causing or are likely to cause death or serious physical harm to the employees. The Act also requires that employers comply with occupational safety and health standards adopted under the Act and with rules issued under the Act which are applicable to their own actions and conduct. Under "AN ACT in relation to safety inspections and education in industrial and commercial establishments and to repeal an Act therein named" (Ill. Rev. Stat. 1983, 1991 ch. 48, par. 59-4.02 et seq.) the Department of Labor is authorized to enforce these standards, to conduct inspections, and to issue citations for violations of these standards.

b) All duties and responsibilities of the Illinois Industrial Commission under the Health and Safety Act and AN ACT in relation to safety inspections and education in industrial and commercial establishments and to repeal an Act therein named" are being exercised jointly with the Department of Labor pursuant to an Agreement between the Illinois Department of Labor and the Illinois Industrial Commission Concerning Administration of the Health and Safety Act under the Intergovernmental Cooperation Act (Ill. Rev. Stat. 1983, ch. 127, par. 741 et seq.) effective January 17, 1986.

e)b) This Part contains the department's rules under these Acts and sets forth general policies for enforcement of the inspection and citation provisions of these Acts in relation to public employers. Private employers are not covered by this part, but are covered by federal regulations adopted by the Occupational Safety and Health Administration (29 CFR 1901.1 et seq.). This Part parallels the provisions contained in portions of these federal regulations (29 CFR 1903 and 1904).

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 350.280 Adoption of Federal Standards

a) Pursuant to Section 4 of the Health and Safety Act, the Department hereby adopts by reference the general health and safety standards by and special maritime and construction industry standards adopted by the federal Occupational Safety and Health Administration as effective on July 1, 1988, 1991 and amended at FR56:37650, FR56:41793 and FR56:43699. These standards are located at 29 CFR 1910, 1915, and 1926 and do not include any later amendments or editions.

b) The Department shall consider any subsequent amendments to the health and safety standards adopted by the federal Occupational Safety and Health Administration, subsequent to July 1, 1988. Such amendments will be adopted by reference, or substitute provisions which provide equivalent protection will be adopted, quarterly or as often as necessary to insure that the standards remain current. Amendments will be adopted through filing with the Secretary of State and publication in the Illinois Register as required by Section 5.01 of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1987, ch. 127, par. 1005.01).

(Source: Amended at 16 Ill. Reg. _____, effective _____)

NOTICE OF PROPOSED RULES

- 1) Heading of the Part: Medicaid Community Mental Health Services Program
- 2) Code Citation: 59 Ill. Adm. Code 132

Proposed Action:

132.10	New Section
132.15	New Section
132.20	New Section
132.25	New Section
132.30	New Section
132.35	New Section
132.40	New Section
132.45	New Section
132.50	New Section
132.55	New Section
132.60	New Section
132.65	New Section
132.70	New Section
132.75	New Section
132.80	New Section
132.85	New Section
132.90	New Section
132.95	New Section
132.100	New Section
132.105	New Section
132.110	New Section
132.115	New Section
132.120	New Section
132.125	New Section
132.130	New Section
132.135	New Section
132.140	New Section
132.145	New Section
132.150	New Section
132.155	New Section
132.160	New Section
132.165	New Section
132.170	New Section
132.Appendix A	New Section
132.Appendix B	New Section

- 4) Statutory Authority: Ill. Rev. Stat. 1989 and 1990 Supp., ch. 91½, pars. 5-104 and 100-5; implementing Ill. Rev. Stat. 1989 and 1990 Supp., ch. 91½, pars 100-15.3 and 901 et seq.
- 5) A Complete Description of the Subjects and Issues Involved:
- These rules allow the Department of Mental Health and Developmental Disabilities and the Department of Children and Family Services (DCFS) to expand the type and availability of medically-necessary mental health services and increase the number of providers participating in a voluntary program.
- Specifically these rules allow agencies to participate under one or more of the Medicaid options (i.e., clinic, rehabilitative and case management); provide off-site rehabilitative services; provide case management services; and permit differing qualified levels of staff to participate in the provision of services. In addition, these rules further enhance DCFS' capabilities to comply with the terms of a consent decree regarding timely discharges of children and adolescents from psychiatric institutions.
- 6) Will these proposed rules replace any emergency amendments currently in effect? Yes
- Does this rulemaking contain an automatic repeal date? No.
- 7) Do these proposed rules contain incorporations by reference? Yes. These amendments contain incorporations by reference in accordance with Section 6.02(a) of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1989, ch. 127, par. 1006.02(a)).
- 8) Are there any other proposed amendments pending on this Part? No.
- 9) Statement of Statewide Policy Objections: This rulemaking does not affect the State Mandates Act (Ill. Rev. Stat. 1989, ch. 85, par. 2205).
- 10) Time, Place and Manner in which interested persons may comment on this Proposed rulemaking:
- Any interested person may submit comments, data, views or argument regarding this proposed rulemaking before the expiration of the first 45-day notice period. Submissions must be in writing and directed to: Rules Administrator, Illinois Department of Mental Health and Developmental Disabilities, 402 Stratton Building, Springfield, IL 62765, telephone (217)785-3313.

DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES

NOTICE OF PROPOSED RULES

ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

NOTICE OF PROPOSED RULES

12) Initial Regulatory Flexibility Analysis:

- A) Date amendments were submitted to the Small Business Office of the Department of Commerce and Community Affairs: December 20, 1991.
- B) Types of small businesses affected:
Community mental health agencies, child welfare agencies, child care institutions and child group homes which provide mental health clinic services.
- C) Reporting, bookkeeping or other procedures required for compliance:
Compliance with required clinical documentation, billing, and accounting audits, e.g., development of and maintenance of client records which relate to the quality of services provided by the provider, documentation of services for which payment is claimed, modified accrual accounting principles, in accordance with generally accepted accounting principles, and annual audits performed in accordance with generally accepted auditing standards by an independent certified public accountant.

D) Types of professional skills necessary for compliance:

Licensed physicians, licensed clinical psychologists, licensed clinical social workers (LCSW), qualified mental health professionals (QMHP), mental health professionals (MHP), and rehabilitative services associates (RSA) providing mental health services to a client and his or her family.

The full text of the Proposed Rules is identical to the text of the Emergency Rules which appears on page 214 of this issue of the Illinois Register.

- 1) Heading of the Part: Trust Fund Collection Rules
- 2) Code Citation: 20 Ill. Adm. Code 1800
- 3) Section Numbers:
1800.10 New Section
1800.20 New Section
1800.30 New Section
1800.40 New Section
- 4) Statutory Authority: P.A. 86-1408, effective January 1, 1991.
- 5) A Complete Description of the Subjects and Issues Involved:
These rules establish procedures for the collection of money due from insurers of motor vehicles to be deposited in the Motor Vehicle Theft Prevention Trust Fund for calendar year 1991 and each year thereafter.
- 6) Will this proposed rule replace an emergency rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Does this proposed rule contain incorporations by reference? No
- 9) Are there any other proposed amendments pending on this part? No
- 10) Statement of Statewide Policy Objectives: These proposed rules neither create nor expand any state mandate on units of local government, school districts, or community college districts.
- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Comments on these proposed rules may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

NOTICE OF PROPOSED RULES

Gerard Ramker, Program Director
 Illinois Motor Vehicle Theft Prevention Council
 c/o Illinois Criminal Justice Information Authority
 120 South Riverside Plaza, Suite 1016
 Chicago, Illinois 60606-3997
 (312/793-8550)

12) Initial Regulatory Flexibility Analysis:

- A) Date rule submitted to Business Assistance Office of the Department of Commerce and Community Affairs:

December 16, 1991

- B) Types of small businesses affected:

Those small businesses that are authorized to write motor vehicle physical damage insurance coverages which are included in Class 2 and Class 3 of Section 4 of the Illinois Insurance Code.

- C) Reporting, bookkeeping or other procedures required for compliance:

Insurers must submit a worksheet to the Illinois Motor Vehicle Theft Prevention Council that must include the following information: insurer company's name, address, phone number, and Federal taxpayer identification number; number of total earned car years of exposure for the preceding calendar year; the total fee due; the name, title, and phone number of the person completing the worksheet; the person's signature; and the date.

- D) Types of professional skills necessary for compliance:

Clerical, bookkeeping.

The full text of the proposed rules begins on the next page:

ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

NOTICE OF PROPOSED RULES

TITLE 20: CORRECTIONS, CRIMINAL JUSTICE AND LAW ENFORCEMENT
 CHAPTER VI: ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

PART 1800

TRUST FUND COLLECTION RULES

- 1800.10 Purpose and Authorization
 1800.20 Definitions
 1800.30 Collection Process
 1800.40 Public Inquiries

AUTHORITY: Implementing and authorized by The Illinois Motor Vehicle Theft Prevention Act (P.A. 86-1408, effective January 1, 1991).

SOURCE: Emergency Rules adopted at 15 Ill. Reg. 8706, effective on May 30, 1991, for a maximum of 150 days; emergency expired October 27, 1991; new rules adopted at ___ Ill. Reg. ___, effective ___.

Section 1800.10 Purpose and Authorization

These rules establish procedures for the collection of money due from insurers of motor vehicles for each calendar year, commencing with the calendar year 1991, to be deposited in the Motor Vehicle Theft Prevention Trust Fund as authorized by Public Act 86-1408, entitled the "Illinois Motor Vehicle Theft Prevention Act."

Section 1800.20 Definitions

"The Act" - The term "the Act" means the Illinois Motor Vehicle Theft Prevention Act, P.A. 86-1408.

"Authority" - The term "Authority" means the Illinois Criminal Justice Information Authority.

"Council" - The term "Council" means the Illinois Motor Vehicle Theft Prevention Council.

"Department" - The term "Department" means the Illinois Department of Insurance.

"Earned car year" - The term "earned car year" means the proportion of a calendar year during which a motor vehicle can be identified as being insured for physical damage insurance

ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

NOTICE OF PROPOSED RULES

coverage.

"Motor vehicle" - The term "motor vehicle" means "private passenger motor vehicle" including any private passenger car, station wagon, jeep, or pickup truck with a load capacity of 1,500 pounds or less not used principally for business purposes, and small farm trucks. This term includes, but is not limited to, jeeps, pickup trucks, mini-vans, vans, and conversion vans.

The term excludes uninsured motor vehicles, motorcycles, motor homes, motor scooters, golf carts, off-road recreational vehicles, and all terrain vehicles, off highway motorcycles, street cars, and special mobile equipment as defined under Chapter 1 of the Illinois Vehicle Code (Ill. Rev. Stat., 1989, ch. 95 1/2 pars. 1-101 et seq.).

"Physical damage insurance coverage" - The term "physical damage insurance coverage" means motor vehicle insurance provided for theft and/or comprehensive coverage.

"Total earned car years" - The term "total earned car years" is the sum of an insurer's earned car years of exposure for the calendar year, rounded to the nearest whole dollar. By way of examples, for purposes of calculating the amount to be remitted by insurers to the Council, a motor vehicle insured for physical damage insurance coverage for three (3) months during a calendar year would constitute 0.25 total earned car years and would be assessed \$.25 (\$1.00 x .25); four (4) motor vehicles insured for six months each during the calendar year would constitute the sum of two (2) total earned car years and would be assessed a fee of \$2.00.

Section 1800.30 Collection Process

Money to be deposited by the Council into the Motor Vehicle Theft Prevention Trust Fund shall be collected from insurers by the Council in the following manner:

- a) Commencing March 1, 1992 and by each March 1, thereafter, the Council shall send correspondence to all insurers authorized to write motor vehicle physical damage insurance coverages which are included in Class 2 and Class 3 of Section 4 of the Illinois Insurance Code during the preceding calendar year. This information shall be identified by the Department and shall be provided to the Council by February 1, 1992 and by each

ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

NOTICE OF PROPOSED RULES

February 1, thereafter.

- b) The correspondence will advise these insurers that pursuant to the Act, they are required to submit to the Council by April 1 of the appropriate year an amount equal to \$.00 multiplied by the insurer's total earned car years of motor vehicle insurance policies providing physical damage insurance coverage as defined herein, written in the State during the preceding calendar year.
- c) The correspondence shall include a worksheet which shall be returned with the correct remittance, if applicable. If an insurer owes no money pursuant to the Act, that fact must be noted on the worksheet and returned to the Council. Such worksheet shall require the insurer to report the following information: insurer company's name, address, phone number, and Federal taxpayer identification number; number of total earned car years of exposure for the preceding calendar year; the total fee due; the name, title, and phone number of the person completing the worksheet; the person's signature; and the date.
- d) Any remittance due shall be returned to the Council by April 1 of the appropriate year and shall be in the form of a certified or corporate check made payable to: "TREASURER, STATE OF ILLINOIS". The remittance shall be sent to:

Illinois Motor Vehicle Theft Prevention Council
c/o Illinois Criminal Justice Information Authority
120 South Riverside Plaza, Suite 1016
Chicago, Illinois 60606-3997

Attention: Chief Fiscal Officer
- e) Upon receipt by the Council of the remittance due, the money shall be deposited into the Illinois Motor Vehicle Theft Prevention Trust Fund.
- f) On or before April 15 of each year, the Council shall provide the Department with a report indicating the insurers that returned the worksheet required in Section 1800.30 on time (April 1), the amount of funds, if any, contributed, and the insurers that did not return the worksheet or that returned the worksheet late.

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ILLINOIS MOTOR VEHICLE THEFT PREVENTION COUNCIL

NOTICE OF PROPOSED RULES

Section 1800.40 Public Inquiries

All inquiries pertaining to the collection process should be directed to:

Program Director
Illinois Motor Vehicle Theft Prevention Council
c/o Illinois Criminal Justice Information Authority
120 South Riverside Plaza, Suite 1016
Chicago, Illinois 60606-3997
(312) 793-8550

ILLINOIS REGISTER

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POLLUTION CONTROL BOARD

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: AIR QUALITY STANDARDS

2) Code Citation: 35 Ill. Adm. Code 243

3) Section Numbers: Proposed Action:

243.108 amend
243.120 new
243.121 repeal

4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1027, 1009.

5) A Complete Description of the Subjects and Issues Involved:

A complete description is contained in the Board's Opinion of December 19, 1991, in R91-35, which Opinion is available from the address below. This rulemaking filed, by the Illinois Environmental Protection Agency, will implement provisions of the Federal Clean Air Act. The proposal prescribes state-wide limits for emission of particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers (known as PM-10). These rules are a portion of the State Implementation Plan for PM-10 and the Board has certified these rules as federally required.

6) Will this proposed rule replace an emergency rule currently in effect?

No

7) Does this rulemaking contain an automatic repeal date?: No

8) Does this proposed rule contain incorporations by reference?

Yes

9) Are there any other amendments pending on this Part? No

10) Statement of Statewide Policy Objectives:

This rulemaking is proposed pursuant to Title II of the Illinois Environmental Protection Act. The policy objectives of that Title are set forth in Section 8 of the

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NOTICE OF PROPOSED AMENDMENTS

Act. This rulemaking will deal with the emission of particulate matter and will impose a mandate only on those communities which operate emission sources emitting PM-10.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

The Board will accept written public comment on this proposal for a period of 45 days after the date of this publication. Comments should reference Docket R91-35 and be addressed to:

Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center, Suite 11-500
100 W. Randolph St.
Chicago, IL 60601

The Agency will begin presentation of this proposal at a hearing to be held on January 28, 1992, at 10:00 a.m., in Room 9-040, State of Illinois Center, Chicago, Illinois and on January 30, 1992, at 10:00 a.m. Room 300 State Capital Building, Springfield, Illinois. Persons who wish additional information concerning hearings and filing requirements should contact the Hearing Officer, Marie E. Tipsord, 100 W. Randolph, State of Illinois Center, Suite 11-500, Chicago, Illinois, 312-814-4925.

- 12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Small Business Office of the Department of Commerce and Community Affairs:

December 20, 1991

- B) Types of small businesses affected:

Any small business which emits PM-10 particulate matter

- C) Reporting, bookkeeping or other procedures required for compliance:

No new reporting or recordkeeping requirements have been added.

- D) Types of professional skills necessary for compliance:

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Technical and clerical skills

The full text of the proposed amendments begins on the next page:

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TITLE 35: ENVIRONMENTAL PROTECTION

SUBTITLE B: AIR POLLUTION

CHAPTER I: POLLUTION CONTROL BOARD

SUBCHAPTER 1: AIR QUALITY STANDARDS AND EPISODES

PART 243

AIR QUALITY STANDARDS

SUBPART A: GENERAL PROVISIONS

Section
243.101
243.102
243.103
243.104
243.106
243.107
243.108

Definitions
Preamble
Applicability
Nondegradation
Monitoring
Reference Conditions
Incorporations by Reference

SUBPART B: STANDARDS AND MEASUREMENT METHODS

Section
243.120
243.121
243.122
243.123
243.124
243.125
243.126

PM-10
Particulates (Repealed)
Sulfur Oxides (Sulfur Dioxide)
Carbon Monoxide
Nitrogen Dioxide
Ozone
Lead

Appendix A Rule into Section Table
Appendix B Section into Rule Table
Appendix C Past Compliance Dates

AUTHORITY: Implementing Section 10 and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1010 and 1027).

SOURCE: Adopted as Chapter 2: Air Pollution, Part III: Air Quality Standards, in R71-23, 4 PCB 191, filed and effective April 14, 1972; amended in R80-11, 46 PCB 125, at 6 Ill. Reg. 5804, effective April 22, 1982; amended in R82-12, at 7 Ill. Reg. 9906, effective August 18, 1983; codified at 7 Ill. Reg. 13630; amended in R91- at Ill. Reg. —, effective —.

SUBPART A: GENERAL PROVISIONS

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Section 243.108 Incorporations by Reference

The following materials are incorporated by reference:

- a) ~~High volume sampler method, 40 CFR 50, Appendix B (1982) 7 36 Fed. Reg. 22388, November 25, 1971.~~
- ab) ~~Pararosaniline method, 40 CFR 50, Appendix A (1982).~~
- be) (Non-dispersive infrared spectrometry technique, 40 CFR 50, Appendix C (1982), 36 Fed. Reg. 22391, November 25, 1971.
- cd) Colorimetric method, 36 Fed. Reg. 22396, November 25, 1971.
- de) Ozone-ethylene reaction method, 40 CFR 50, Appendix D (1982), 36 Fed. Reg. 22392, November 25, 1971.
- ef) Lead 40 CFR 50, Appendix G (1982), 43 Fed. Reg. 46258, October 5, 1978, as amended at 44 Fed. Reg. 37915, June 29, 1979; 46 Fed. Reg. 44163, September 3, 1981.
- f) ~~Reference method for the determination of particulate matter as PM-10 in the atmosphere, 40 CFR 50, Appendix J (1990).~~
- gl) ~~Interpretation of the national ambient air quality standards for particulate matter, 40 CFR 50, Appendix K (1990).~~

(Source: Amended at — Ill. Reg. —, effective —.)

SUBPART B: STANDARDS AND MEASUREMENT METHODS

Section 243.120 PM-10

- a) Standards. The ambient air quality standards for PM-10 are:

- 1) An annual arithmetic mean concentration of 50 micrograms per cubic meter; and

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1) Heading of the Part: EPISODES

2) Code Citation: 35 Ill. Adm. Code 244

3) Section Numbers: Proposed Action:

- 244.101 amend
- 244.106 amend
- 244.107 amend
- 244.121 amend
- 244.161 amend
- 244.162 amend
- 244.163, 244.166 amend
- 244.167 amend
- 244.168 amend
- 244.169 amend
- 244.Appendix D amend

4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1027, 1009.

5) A Complete Description of the Subjects and Issues Involved:

A complete description is contained in the Board's Opinion of December 19, 1991, in R91-35, which Opinion is available from the address below. This rulemaking filed, by the Illinois Environmental Protection Agency, will implement provisions of the Federal Clean Air Act. The proposal prescribes state-wide limits for emission of particulate matter with an aerodynamic diameter less than or equal to a nominal 10 micrometers (known as PM-10). These rules are a portion of the State Implementation Plan for PM-10 and the Board has certified these rules as federally required.

6) Will this proposed rule replace an emergency rule currently in effect?

No

7) Does this rulemaking contain an automatic repeal date?: No

8) Does this proposed rule contain incorporations by reference?

Yes

9) Are there any other amendments pending on this Part? No

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2) A maximum 24-hour concentration of 150 micrograms per cubic meter, not to be exceeded more than once per year.

b) Measurement Method. For determining conformance with the PM-10 ambient air quality standards, PM-10 shall be measured by the method described in 40 CFR 50, Appendix J (incorporated by reference in Section 243.108). The computations necessary for analyzing particulate matter data to determine attainment of the PM-10 standards are described in 40 CFR 50, Appendix K (incorporated by reference in Section 243.108).

(Source: Added at ___ Ill. Reg. ___, effective ___)

Section 243.121 Particulates

a) Primary Standards. The primary ambient air quality standards for particulate matter are:

1) An annual geometric mean concentration of 75 micrograms per cubic meter; and,

2) A maximum 24-hour concentration not to be exceeded more than once per year of 260 micrograms per cubic meter.

b) Secondary Standards. The secondary ambient air quality standards for particulate matter are:

1) An annual geometric mean concentration of 60 micrograms per cubic meter; and,

2) A maximum 24-hour concentration not to be exceeded more than once per year of 150 micrograms per cubic meter.

c) Measurement Method. For determining conformance with particulate air quality standards, particulate matter shall be measured by the high volume sampler method as described in 40 CFR 50, Appendix B (1992), 36 Fed. Reg. 22388, November 25, 1971, or by an equivalent method approved by the Agency.

(Source: Repealed at ___ Ill. Reg. ___, effective ___)

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10) Statement of Statewide Policy Objectives:

This rulemaking is proposed pursuant to Title II of the Illinois Environmental Protection Act. The policy objectives of that Title are set forth in Section 8 of the Act. This rulemaking will deal with the emission of particulate matter and will impose a mandate only on those communities which operate emission sources emitting PM-10.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

The Board will accept written public comment on this proposal for a period of 45 days after the date of this publication. Comments should reference Docket R91-35 and be addressed to:

Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center, Suite 11-500
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Chicago, IL 60601

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12) Initial Regulatory Flexibility Analysis:A) Date rule was submitted to the Small Business Office of the Department of Commerce and Community Affairs:

December 20, 1991

B) Types of small businesses affected:

Any small business which emits PM-10 particulate matter

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C) Reporting, bookkeeping or other procedures required for compliance:

No new reporting, or recordkeeping requirements have been added.

D) Types of professional skills necessary for compliance:
Technical and Clerical skills

The full text of the Proposed amendments begins on the next page:

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TITLE 35: ENVIRONMENTAL PROTECTION

244.169 Actions During Episode Stages

SUBTITLE B: AIR POLLUTION

CHAPTER I: POLLUTION CONTROL BOARD

Appendix A Rule into Section Table

SUBCHAPTER 1: AIR QUALITY STANDARDS AND EPISODES

Appendix B Section into Rule Table

PART 244

Appendix C Past Compliance Dates

EPISODES

Appendix D Required Emission Reduction Actions

SUBPART A: DEFINITIONS AND GENERAL PROVISIONS

AUTHORITY: Implementing Section 10 and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 1982, ch. 111 1/2, pars. 1010 and 1027).

Section
244.101 Definitions
244.102 Responsibility of the Agency
244.103 Determination of Required Actions
244.104 Determination of Atmospheric Conditions
244.105 Determination of Expected Contaminant Emissions
244.106 Monitoring
244.107 Determination of Areas Affected
244.108 Failure to Comply with Episode Requirements
244.109 Sealing of Offenders

SOURCE: Adopted as Rules 102 through 114, in R70-7, 1 PCB 101, filed and effective December 8, 1970; renumbered as Chapter 2: Air Pollution, Part IV: Episodes, in R72-6, 5 PCB 183, filed and effective August 18, 1972; amended in R80-11, 45 PCB 577, at 6 Ill. Reg. 5804, effective April 22, 1982; codified at 7 Ill. Reg. 13632; amended in R91- at Ill. Reg. , effective

SUBPART B: LOCAL AGENCY RESPONSIBILITIES

SUBPART A: DEFINITIONS AND GENERAL PROVISIONS

Section
244.121

Section 244.101 Definitions

All terms which appear in this Part have the definitions specified by this Part and 35 Ill. Adm. Code 201 and 211.

SUBPART C: EPISODE ACTION PLANS

Section
244.141
244.142
244.143
244.144
244.145

Requirement for Plans
Facilities for which Action Plans are Required
Submission of Plans
Contents of Plans
Processing Procedures

"Air Stagnation Advisory": a special bulletin issued by the National Weather Service entitled "Air Stagnation Advisory," which is used to warn air pollution control agencies that stagnant atmospheric conditions are expected which could cause increased concentrations of air contaminants near the ground.

"btu": British thermal unit.

SUBPART D: EPISODE STAGES

Section
244.161
244.162
244.163
244.164
244.165
244.166
244.167
244.168

WaterAdvisory, Alert and Emergency Levels
Criteria for Declaring an Advisory or Watch
Criteria for Declaring a Yellow Alert
Criteria for Declaring a Red Alert
Criteria for Declaring an Emergency
Criteria for Terminating WaterAdvisory, Alert and Emergency
Episode Stage Notification
Contents of Episode Stage Notification

"COH": Coefficient of Heat (per 1,000 linear feet)- Particulate matter as measured by the automatic paper tape sampler method and reported as COH. When particulate matter is recorded on a weight per unit volume basis, the conversion 1 COH equals 125 micrograms per cubic meter shall be employed.

"Episode": the period of time at a location in which an air pollution watch advisory, yellow alert, red alert or emergency has been declared.

"Fleet Vehicle": any one of three or more vehicles

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operated for the transportation of persons or property in the furtherance of any commercial or industrial enterprise, for-hire or not-for-hire.

"Indirect Source": any building, facility, plant, auditorium or other structure or combination thereof, or any street, road, or highway or airport, which causes or contributes to air pollution through the attraction of mobile air pollution emission sources.

"Level": ~~the magnitude of pollution (expressed as average concentration, COH or product) of an air contaminant~~ during a specified time period.

"Low Sulfur Fuel": any fuel containing 1.0% or less sulfur by weight.

"Parking Lots": parking lots shall include all lots, areas, buildings or facilities or portions of lots, areas, buildings or facilities whose primary purpose is for the temporary parking of motor vehicles.

"product": ~~the arithmetic product of the average sulfur dioxide concentration in parts per million (ppm) during a specified time period and the average particulate concentration in COH's during that same specified time period.~~

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 244.106 Monitoring

- a) Monitoring stations used to determine advisory, watch, alert or emergency levels shall be located according to Federal guidelines for establishment of air quality surveillance networks and shall use measurement methods or equivalent methods as officially authorized by the United States Environmental Protection Agency (USEPA).
- b) Whenever any monitoring station registers air contaminant concentrations in excess of watch advisory or alert levels, proper operation of the sampling equipment at such stations shall be verified by the Agency or ~~that~~ any agency cooperating with the Agency before the concentrations are used to declare any advisory, watch, alert or emergency stage.

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(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 244.107 Determination of Areas Affected

- a) An advisory ~~ex-watch~~ shall be declared for the entire Illinois portion of any Air Quality Control Region if any part of such region meets the advisory ~~ex-watch~~ criteria. When atmospheric conditions and contaminant emissions in a region are such as to cause the advisory ~~ex-watch~~ criteria to be met in another region, an advisory or watch shall be declared for any Illinois portion of both regions.

- b) An alert or emergency shall be declared for only those portions of an advisory ~~ex-watch~~ area which meet the applicable criteria of Subpart D or cause such criteria to be met elsewhere in Illinois or in another state. When such criteria have been met, sectors of the advisory ~~ex-watch~~ area requiring alert or emergency actions shall be defined depending upon expected atmospheric conditions, contaminant emissions and dispersion analyses. Alerts or emergencies shall then be declared for one or more of these sectors.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

SUBPART B: LOCAL AGENCY RESPONSIBILITIES

Section 244.121 Local Agency Responsibilities

Local air pollution control agencies shall cooperate with the Agency in monitoring, surveillance and enforcement activities to the extent of their capabilities during any air pollution episode. This cooperation shall meet the following specific conditions:

- a) Operation of Monitoring Equipment. At any time other than during an episode, local agencies with real-time monitoring equipment shall operate all such monitoring equipment at a minimum level necessary to determine whether any level of air contaminants specified in this Part has been reached.
- b) Reporting Levels to Agency. Such local agencies shall report to the Agency ~~Emergency Action Center~~ within thirty (30) minutes by either telephone or telemetry when

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any advisory, watch, alert or emergency level specified in this Part has been reached as indicated on their air monitoring equipment.

c) Operation of Telemetry Equipment. Local agencies with air contaminant sampling networks connected by telemetry with the headquarters of the Agency shall conduct their operations in such a manner as to provide valid data to the Agency.

d) Agency Representatives at Local Agency Control Centers. In regions where local agencies are participating with the Agency in episode control activities, one or more Agency representatives may station themselves at the control center of the local agency during an air pollution episode. The Agency representatives shall have authority to cause data to be transmitted by telephone or other rapid form of communication to Agency headquarters and after consultation with said local agency to require the initiation, alteration or termination of control strategy by persons required to take action under this Part as directed by the Director.

e) Local Agency Episode Operations Plan. Local agencies participating with the Agency in episode control activities shall file for approval with the Agency an episode operations plan which describes procedures for obtaining and processing episode action plans, monitoring air contaminant levels during routine and episode operations, alerting the public, governmental officials, emission sources and other interested parties of episode stages, and performing surveillance and enforcement activities during episodes.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

SUBPART D: EPISODE STAGES

Section 244.161 Watch, Advisory, Alert and Emergency Levels:

Pollutant	Averaging Time	Advisory	Watch	Yellow Alert	Red Alert	Emergency
Sulfur dioxide (ppm)	2-hour	0.30	0-30	--	--	--
	4-hour	--	--	0.30	0.35	0.40
Particulate	2-hour	420	5-0	--	--	--

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Matter
(COH)
(PM₁₀)
(ug/m³)

24-hour --

3-0 5-0 7-0
350 420 500

Product 2-hour 1-0

Sulfur dioxide 4-hour 1-0 2-0 2-4

* particulate 24-hour 0-20 0-301-20
matter

Carbon Monoxide 2-hour 30 30 -- -- --
(ppm) 8-hour -- 15 30 40

Ozone 2-hour 0-12 0.20 0.30 0.50
(ppm) 1-hour 0-12

Nitrogen 2-hour 0-40 0-40 -- -- --
dioxide 1-hour -- 0.60 1.20 1.60
(ppm) 24-hour -- 0.15 0.30 0.40

(Source: Amended at ___ Ill. Reg. ___, effective ___)

Section 244.162 Criteria for Declaring an Advisory or Watch
The Director or his/her designated representative shall declare an air pollution watch or, in the case of ozone, an advisory whenever:

- An air stagnation advisory is received for any area within the State; or
- Any advisory watch or yellow alert level is equaled or exceeded at any monitoring station; and
- Atmospheric conditions, or expected contaminant emissions, are such that concentrations can reasonably be expected to remain at or above the watch advisory or yellow alert level for 24 or more hours; or
- For ozone, atmospheric conditions, or expected contaminant emissions, are such that concentrations can reasonably be expected to reoccur at any advisory, or yellow alert, level on the following calendar day.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

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Section 244.163 Criteria for Declaring a Yellow Alert
The Director or his/her designated representative shall declare a yellow alert whenever:

- a) Any yellow alert level is equaled or exceeded at any monitoring station; and
- b) An air pollution advisory ~~ex-wateh~~ has been in effect for 4 hours in the area for which the yellow alert is to be declared; and
- c) Atmospheric conditions, or expected contaminant emissions, are such that concentrations can reasonably be expected to remain at or above the yellow alert level for 12 or more hours; or
- d) For ozone, atmospheric conditions, or expected contaminant emissions, are such that concentrations can reasonably be expected to reoccur at a yellow alert level on the following calendar day.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 244.166 Criteria for Terminating Watch Advisory, Alert and Emergency

The Director or his/her designated representative shall terminate any ~~wateh~~ advisory, alert or emergency stage when the applicable level specified in Section 244.161 no longer prevails and when in his/her judgment atmospheric conditions and expected contaminant emissions are such as to warrant discontinuance or lowering of that ~~wateh advisory~~, alert or emergency stage.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 244.167 Episode Stage Notification

Whenever an advisory, a ~~wateh~~, an alert or an emergency stage is declared or terminated, the Agency or local agency designated by the Agency shall notify:

- a) Concerned personnel of the Agency and of federal, local and other State agencies;

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- b) Facilities required to make preparations or take actions of major emission reducing consequence;
- c) The public by radio, television and other means of rapid communication.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 244.168 Contents of Episode Stage Notification

Notifications shall contain: time and date of issuance, the names of agencies or persons responsible for issuance and the beginning and expected ending time of any ~~wateh~~ advisory, alert or emergency stage. ~~Alert and emergency~~ ~~Notifications~~ shall also contain details about the pollutant(s) for which notification is made, such as maximum pollutant levels reached and predicted, geographical areas affected, specific pollution-reducing instructions to the public and to direct or indirect sources of air contaminants, as well as advice to persons who may be affected by the elevated pollution levels.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

Section 244.169 Actions During Episode Stages

a) ~~Watch and~~ Advisory Actions.

When an air pollution advisory ~~ex-wateh~~ is in effect, the Agency and ~~toeat~~ other agencies designated by the Agency shall:

- 1) Coordinate their activities and place their operational staffs in a state of increased readiness except that in the event of an ozone advisory the Agency need not monitor on a 24 hour basis.
- 2) Promptly verify the operation of their air monitoring instrument networks and monitor data from such instrument networks during all periods when there is reasonable likelihood of yellow alert levels occurring.
- 3) Evaluate atmospheric conditions and contaminant emissions data and monitor changes in such conditions and data during all periods when there is reasonable

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likelihood of yellow alert levels occurring.

- b) Yellow Alert, Red Alert and Emergency Actions. When a yellow alert, red alert or emergency is in effect, personnel of the Agency, local agencies designated by the Agency, direct and indirect emission sources and such other persons as are required to take actions according to this Part shall take all actions required of them in Appendix D. of this Part insofar as such actions are applicable to the declared episode stage and contaminant ~~or product~~ for which the episode stage has been declared.

- 1) Actions by local agencies designated by the Agency shall be in accordance with their episode operations plan if such plan has been approved by the Agency.
- 2) Actions by direct or indirect sources of emissions shall be in accordance with their episode action plan if such plan has been approved by the Agency.

(Source: Amended at ___ Ill. Reg. ___, effective ___)

Appendix D

Required Emission Reduction Actions**

Sulfur Dioxide, Particulate, PM-10, Product,
Nitrogen Dioxide, and Carbon Monoxide

During each stage only those actions which cause a reduction of emissions of contaminants for which such stage has been declared are required. c.f. 35 Ill. Adm. Code 244.102 through 244.109, and 244.163(b).

YELLOW ALERT

- 1) The Agency shall notify the public by radio and/or television that a Yellow Alert is in effect; that the public is required to take action in accordance with these regulations; that the public is requested to avoid the unnecessary use of automobiles and of electricity; and that persons suffering from respiratory or heart conditions should take appropriate precautions.
- 2) Electric power generating stations shall effect the maximum feasible reduction of emissions by utilizing fuels which have low ash content and less than 1.0% sulfur by weight (1.5% in the case of fuel oil), provided, however, that

emission from such stations shall not exceed the applicable emission standards and limitations of 35 Ill. Adm. Code 214; by limiting soot blowing and boiler lancing, where essential, to periods of maximum atmospheric turbulence; by diverting power generation to stations outside the area for which the Alert is in effect; or by any other means approved by the Agency. Such actions will be in accordance with the Yellow Alert Plan if such plan has been approved for that station.

- 3) Facilities having fuel combustion emission sources with a total rated capacity in excess of 10 million btu/hr and burning coal and/or fuel oil shall reduce emissions by utilizing fuels which have low ash content and less than 1.0% sulfur weight (1.5% in the case of fuel oil) provided, however, that emissions from such facilities shall not exceed the applicable emission standards and limitations of 35 Ill. Adm. Code 214; by limiting soot blowing and boiler lancing, where essential, to periods of

~~**During each stage only those actions which cause a reduction of emissions of contaminants for which such stage has been declared are required. c.f. 35 Ill. Adm. Code 244.102 through 244.109, and 244.163(b).~~

high atmospheric turbulence; or by any other means approved by the Agency. If fuels of low ash and sulfur content are not available, such facilities with the exemption of residences, hospitals, and other essential facilities as designated by the Agency, shall curtail fuel burning to the maximum degree consistent with avoiding injury to persons or severe damage to property. Such actions will be in accordance with the Yellow Alert Plan if such plan has been approved for that facility.

- 4) Facilities engaged in manufacturing required to submit Yellow Alert plans shall curtail or defer production and allied operations to the extent necessary to avoid emissions in excess of those which would be discharged if the facility were operated in accord with the limitations prescribed by the regulations limiting emissions, insofar as such reductions can be achieved without creating injury to persons or severe damage to property.

Such reductions shall be made notwithstanding any variance or program of delayed compliance with the regulations, and

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shall be in accord with the Yellow Alert plan if such plan has been approved for that facility.

- 5) All open burning and all incineration except as provided below are provided prohibited. Certain burning of explosive or pathological wastes may be exempted from this restriction by the Agency in writing upon specific written application.
- 6) Incinerators meeting the emission standards and limitations of this Chapter may be operated only during the hours of maximum atmospheric turbulence as designated by the Agency.

RED ALERT

- 1) All actions required during the Yellow Alert shall be continued.

- 2) The Agency shall notify the public by radio and/or television that a Red Alert is in effect; that the public is required to take action in accordance with these regulations; that the public is requested to avoid the unnecessary use of automobiles and of electricity; and that persons suffering from respiratory or heart conditions should take appropriate precautions.

- 3) All incineration and all open burning are prohibited. Certain burning of explosive or pathological wastes may be exempted from these restrictions by the Agency in writing upon specific written application.

- 4) Facilities engaged in manufacturing and required to submit Red Alert Plans shall curtail any production, including the generation of process steam, which emits contaminants into the atmosphere, to the greatest extent possible without causing injury to persons or severe damage to equipment. Such action shall be in accordance with the Alert Plan if such plan has been approved for that facility.

EMERGENCY

- 1) All actions required during the Yellow Alert and Red Alert shall be continued.
- 2) The unnecessary use of electricity, such as for decorative or amusement purposes, is prohibited.
- 3) The use of motor vehicles is prohibited except for essential

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uses such as police, fire, and health services, delivery of food or essential fuel, waste collection, utility or pollution control emergency repairs, and such comparable uses as may be designated by authorized Highway and Law Enforcement Officials in accordance with the Illinois Emergency Highway Traffic Regulations plan.

- 4) All aircraft flights leaving the area of the Emergency are forbidden except for reasons of public health or safety as approved by the Agency in advance.

- 5) Buildings shall be maintained at heated to temperatures no greater than 65°F except for hospitals and for other buildings approved by the Agency for reasons of health or severe damage to property.

- 6) All manufacturing activities shall be curtailed to the greatest extent possible without causing injury to persons or severe damage to equipment.

- 7) All facilities or activities listed below shall immediately cease operations:

Mining and quarrying, contract construction work, and wholesale trade establishments.

Schools, except elementary schools which shall close at the end of the normal school day and not re-open until the Emergency is terminated.

Government agencies except those needed to administer air pollution alert programs and other essential agencies determined by Agency to be vital for public safety and welfare.

Retail trade stores except those dealing primarily in the sale of food or pharmacies.

Real estate agencies, insurance offices and similar business.

Laundries, cleaners and dryers, beauty and barber shops and photographic studios.

Amusement and recreational service establishments such as motion picture theaters.

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Automobile repair and automobile service garages.

Advertising offices, consumer credit reporting, adjustment and collecting agencies, printing and duplicating services, rental agencies, and commercial testing laboratories.

REQUIRED EMISSION REDUCTION ACTIONS

- OZONE -

GENERAL

Yellow Alert - All Advisory Actions continue. Government officials, public and submitters of Action Plans notified.

Red Alert - All Advisory and Yellow Alert actions continue. Government officials, public, and submitters of Action Plans notified.

Emergency - All Advisory, Yellow Alert, and Red Alert actions continue. Government officials, public, and submitters of Action Plans notified.

2. VEHICLES PARKING LOTS ROAD REPAIRS

Yellow Alert - Public requested to avoid the unnecessary use of automobiles.

Red Alert - Fleet vehicles, other than mass transit vehicles and vehicles used for the delivery of grocery and pharmaceutical products, essential fuel, for emergency medical services and for such comparable uses as designated by the Agency, immediately curtail operations to the greatest extent possible in or into the area affected by the Red Alert and cease operations on the second calendar day of the Alert.

Parking lots for more than 200 vehicles, except for lots predominately serving residences, grocery stores, medical facilities, rail, bus and air transportation terminals, lots provided by employers primarily for employees, and comparable lots as designated by the Agency, shall immediately curtail operations and close on the second calendar day of the Alert.

Road repair and maintenance not necessary for immediate

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safety and which, if suspended, will expedite the flow of vehicular traffic is prohibited.

Emergency - Motor vehicle operation in or into the area affected by the Emergency is prohibited except for essential uses such as police, fire, and health services, and comparable uses designated by the Illinois Emergency Highway Traffic Regulation Plan. All aircraft flights leaving the area of the Emergency are forbidden except for reasons of public health or safety.

3. MANUFACTURING AND OTHER FACILITIES HAVING PROCESS EMISSION SOURCES

Yellow Alert - Facilities engaged in manufacturing review operations and Action Plans, inspect emission control devices, determine areas of delayable operations; and from such steps revise operations so as to cause greatest feasible reduction in emissions short of adversely affecting normal production.

Red Alert - All facilities with process or fuel combustion emission sources emitting a total of more than 100 tons per year or 550 pounds per operating day of organic material or of nitrogen oxides, and all other facilities not in compliance with the organic material and nitrogen oxides emissions standards of Part 2 of this Chapter, curtail all such sources to the greatest extent possible short of causing injury to persons, severe damage to equipment, or an increase in emissions.

Emergency - All operations curtailed to the greatest extent possible short of causing injury to persons or severe damage to equipment.

4. ELECTRIC POWER GENERATORS AND USERS

Yellow Alert - Electric power generating stations burning fossil fuels requested to reduce emissions in and into the affected area to the greatest extent practicable by adjusting operations system wide or by any other means approved by the Agency.

Public request to avoid unnecessary use of electricity.

Red Alert - Electric power generating stations burning fossil fuels required to take all Yellow Alert Actions and in addition discontinue power generation for economy sales

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and service to interruptable customers, and maximize purchase of available power.

Unnecessary use of electricity, such as for decorative or advertising purposes is prohibited.

Emergency - Electric power generating stations burning fossil fuel continue Yellow Alert and Red Alert actions and, in addition, effect the maximum feasible reduction of emissions by reducing voltage 2.5% system wide, purchase all available emergency power, and requesting large customers (500 kw) to reduce their electric demand or by any other means approved by the Agency.

5. OFFICES, BUILDINGS, AND OTHER COMMERCIAL AND SERVICES OPERATIONS

Yellow Alert - Public requested to limit space heating to 65°F, air conditioning to 80°F.

Red Alert - Public, industrial and commercial space heating limited to 65°F, air conditioning to 80°F except for hospitals and for other buildings approved by the Agency.

Governmental agencies except those needed to administer essential programs close.

Schools close except elementary schools, which close at the end of the normal school day and do not reopen until the Alert is terminated.

The loading of more than 250 gallons of volatile organic material into any stationary tank, railroad tankcar, tank truck, or tank trailer is prohibited except where an integral part of an industrial operation allowed during Red Alert.

Emergency - All facilities or activities listed below immediately cease operations; mining and quarrying, contract construction work, wholesale trade establishments, retail trade stores except those dealing primarily in the sale of food or pharmaceuticals, real estate agencies, insurance offices and similar businesses, laundries, cleaners and dryers, beauty and barber shops and photographic studios. Amusement and recreational service establishments such as motion picture theaters, automobile repair and automobile service garages. Advertising offices, consumer credit

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reporting, adjustment and collection agencies, printing and duplicating services, rental agencies and commercial testing laboratories.

6. REFUSE BURNERS

Yellow Alert - Governmental or commercial installations established primarily for the burning of refuse shall postpone delayable incinerations, all other incineration and all open burning prohibited.

Red Alert - All incineration prohibited.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

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- | | | |
|----------------|-------------|--|
| Illustration D | New Section | 15 Ill. Reg. 16564
(November 15, 1991)
15 Ill. Reg. 13660
(September 20, 1991)
15 Ill. Reg. 16564
(November 15, 1991)
15 Ill. Reg. 13660
(September 20, 1991)
15 Ill. Reg. 16564
(November 15, 1991)
15 Ill. Reg. 13660
(September 20, 1991)
15 Ill. Reg. 16564
(November 15, 1991) |
| Illustration E | New Section | |
| Illustration F | New Section | |

10) Statement of Statewide Policy Objectives:

This rulemaking is proposed pursuant to Title II of the Illinois Environmental Protection Act. The policy objectives of that Title are set forth in Section 8 of the Act. This rulemaking will deal with the emission of particulate matter and will impose a mandate only on those communities which operate emission sources emitting PM-10.

11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

The Board will accept written public comment on this proposal for a period of 45 days after the date of this publication. Comments should reference Docket R91-35 and be addressed to:

Dorothy M. Gunn, Clerk
Illinois Pollution Control Board
State of Illinois Center, Suite 11-500
100 W. Randolph St.
Chicago, IL 60601

The Agency will begin presentation of this proposal at a hearing to be held on January 28, 1992, at 10:00 a.m., in Room 9-040, State of Illinois Center, Chicago, Illinois and on January 30, 1992, at 10:00 a.m. Room 300 State Capital Building, Springfield, Illinois. Persons who wish additional information concerning hearings and filing requirements should contact the Hearing Officer, Marie E. Tipsord, 100 W. Randolph, State of Illinois Center, Suite 11-500, Chicago, Illinois, 312-814-4925.

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12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Small Business Office of the Department of Commerce and Community Affairs:
December 20, 1991
- B) Types of small businesses affected:
Any small business which emits PM-10.
- C) Reporting, bookkeeping or other procedures required for compliance:

This rulemaking adds a requirement to maintain records for at least three years; however, no new reporting or recordkeeping requirements are added.

- D) Types of professional skills necessary for compliance:
Technical and clerical skills

The full text of the Proposed amendments begins on the next page:

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TITLE 35: ENVIRONMENTAL PROTECTION

SUBTITLE B: AIR POLLUTION

CHAPTER I: POLLUTION CONTROL BOARD

SUBCHAPTER C: EMISSION STANDARDS AND LIMITATIONS FOR STATIONARY SOURCES

PART 212

VISIBLE AND PARTICULATE MATTER EMISSIONS

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212.100
212.110
212.111
212.112
212.113

Scope and Organization
Measurement Methods
Abbreviations and Units
Definitions
Incorporations by Reference

SUBPART B: VISIBLE EMISSIONS

Section
212.121
212.122
212.123
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212.126

Opacity Standards
Limitations for Certain New Sources
Limitations for All Other Sources
Exceptions
Determination of Violations
Adjusted Opacity Standards Procedures

SUBPART D: PARTICULATE MATTER EMISSIONS FROM INCINERATORS

Section
212.181
212.182
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212.185

Limitations for Incinerators
Aqueous Waste Incinerators
Certain Waste Incinerators
Explosive Waste Incinerators
Continuous Automatic Stoking Animal Pathological Waste Incinerators

SUBPART E: PARTICULATE MATTER EMISSIONS
FROM FUEL COMBUSTION EMISSION SOURCES

Section
212.201

Existing Sources Using Solid Fuel Exclusively Located in the Chicago Area

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212.202 Existing Sources Using Solid Fuel Exclusively Located Outside the Chicago Area
212.203 Existing Controlled Sources Using Solid Fuel Exclusively
212.204 New Sources Using Solid Fuel Exclusively
212.205 Existing Coal-fired Industrial Boilers Equipped with Flue Gas Desulfurization Systems

212.206 Sources Using Liquid Fuel Exclusively
212.207 Sources Using More Than One Type of Fuel
212.208 Aggregation of Existing Sources
212.209 Village of Winnetka Generating Station

SUBPART K: FUGITIVE PARTICULATE MATTER

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212.301
212.302
212.304
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212.315

Fugitive Particulate Matter
Geographical Areas of Application
Storage Piles
Conveyor Loading Operations
Traffic Areas
Materials Collected by Pollution Control Equipment
Spraying or Choke-Feeding Required
Operating Program
Minimum Operating Program
Amendment to Operating Program
Emission Standard for Particulate Collection Equipment
Exception for Excess Wind Speed
Covering for Vehicles

SUBPART L: PARTICULATE MATTER EMISSIONS
FROM PROCESS EMISSION SOURCES

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212.321
212.322
212.323

New Process Sources
Existing Process Sources
Stock Piles

SUBPART N: FOOD MANUFACTURING

Section
212.361

Corn Wet Milling Processes

SUBPART O: PETROLEUM REFINING, PETROCHEMICAL AND

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CHEMICAL MANUFACTURING

Section 212.381 Catalyst Regenerators of Fluidized Catalytic Converters

SUBPART Q: STONE, CLAY, GLASS AND CONCRETE MANUFACTURING

Section 212.421 New Portland Cement Processes
 212.422 Portland Cement Manufacturing Processes
 212.423 Emission Limits for Portland Cement the Manufacturing Plant Located in LaSalle County, South of the Illinois River
 212.424 Fugitive Particulate Matter Control for the Portland Cement Manufacturing Plant and Associated Quarry Operations Located in LaSalle County, South of the Illinois River

SUBPART R: PRIMARY AND FABRICATED METAL PRODUCTS AND MACHINERY MANUFACTURE

Section 212.441 Steel Manufacturing Processes
 212.442 Beehive Coke Ovens
 212.443 By-Product Coke Plants
 212.444 Sinter Processes
 212.445 Blast Furnace Cast Houses
 212.446 Basic Oxygen Furnaces
 212.447 Hot Metal Desulfurization Not Located in the BOF
 212.448 Electric Arc Furnaces
 212.449 Argon-Oxygen Decarburization Vessels
 212.450 Liquid Steel Charging
 212.451 Hot Scarfing Machines
 212.452 Measurement Methods
 212.455 Highlines on Steel Mills
 212.456 Certain Small Foundries
 212.457 Certain Small Iron-melting Air Furnaces

SUBPART S: AGRICULTURE

Section 212.461 Grain Handling and Drying in General
 212.462 Grain Handling Operations
 212.463 Grain Drying Operations

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SUBPART T: CONSTRUCTION AND WOOD PRODUCTS

Section 212.681 Grinding, Woodworking, Sandblasting and Shotblasting
 Appendix A Rule into Section Table
 Appendix B Section into Rule Table
 Appendix C Past Compliance Dates
 Illustration A: Allowable Emissions from Solid Fuel Combustion Emission Sources Outside Chicago
 Illustration B: Limitations for all New Process Emission Sources
 Illustration C: Limitations for all Existing Process Emission Sources

AUTHORITY: Implementing Section 10 and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1010 and 1027).

SOURCE: Adopted as Chapter 2: Air Pollution, Rules 202 and 203: Visual and Particulate Emission Standards and Limitations, R71-23, 4 PCB 191, filed and effective April 14, 1972; amended in R77-15, 32 PCB 403, at 3 Ill. Reg. 5, p. 798, effective February 3, 1979; amended in R78-10, 35 PCB 347, at 3 Ill. Reg. 39, p. 184, effective September 28, 1979; amended in R78-11, 35 PCB 505, at 3 Ill. Reg. 45, p. 100, effective October 26, 1979; amended in R78-9, 38 PCB 411, at 4 Ill. Reg. 24, p. 514, effective June 4, 1980; amended in R79-11, 43 PCB 481, at 5 Ill. Reg. 11590, effective October 19, 1981; codified at 7 Ill. Reg. 13591; amended in R82-1 (Docket A), 10 Ill. Reg. 12637, effective July 9, 1986; amended in R85-33 at 10 Ill. Reg. 18030, effective October 7, 1986; amended in R84-48 at 11 Ill. Reg. 691, effective December 18, 1986; amended in R84-42 (Docket B) at 12 Ill. Reg. 12492, effective July 13, 1988; amended in R91-6 at 15 Ill. Reg. 15708, effective October 4, 1991; amended in R89-7(B) at 15 Ill. Reg. 17710, effective November 26, 1991; amended in R91-22 at _____ Ill. Reg. _____, effective _____.

SUBPART A: GENERAL

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Section 212.113 Incorporations by Reference

The following materials are incorporated by reference. These incorporations do not include any later amendments or editions.

- a) Ringelmann Chart, Information Circular 833 (Revision of IC7718), Bureau of Mines, U.S. Department of Interior, May 1, 1967.

- b) 40 CFR 60, Appendix A ~~(1990)~~ (1991):

- 1) Method 1: Sample and Velocity Traverses for Stationary Sources;
- 2) Method 1A: Sample and Velocity Traverses for Stationary Sources with Small Stacks or Ducts;
- 3) Method 2: Determination of Stack Gas Velocity and Volumetric Flow Rate (Type S pitot tube);
- 4) Method 2A: Direct Measurement of Gas Volume Through Pipes and Small Ducts;
- 5) Method 2C: Determination of Stack Gas Velocity and Volumetric Flow Rate in Small Stacks or Ducts (Standard Pitot Tube);
- 6) Method 2D: Measurement of Gas Volumetric Flow Rates in Small Pipes and Ducts;
- 7) Method 3: Gas Analysis for Carbon Dioxide, Oxygen, Excess Air, and Dry Molecular Weight;
- 8) Method 4: Determination of Moisture Content in Stack Gases;
- 9) Method 5: Determination of Particulate Emissions From Stationary Sources;
- 10) Method 9: Visual Determination of the Opacity of Emissions from Stationary Sources;
- 11) Method 22: Visual Determination of Fugitive Emissions from Material Sources and Smoke Emissions from Flares.

- c) 40 CFR 51 Appendix M (1990):

- 1) Method 201: Determination of PM-10 Emissions;
- 2) Method 201A: Determination of PM-10 Emissions (Constant Sampling Rate Procedure).
- d) 40 CFR 60.672(b), (c), (d) and (e) ~~(1990)~~ (1991).
- e) 40 CFR 60.675(c) and (d) ~~(1990)~~ (1991).
- f) ASAE Standard 248.2, Section 9, Basis for Stating Drying Capacity of Batch and Continuous-Flow Grain Dryers, American Society of Agricultural Engineers, 2950 Niles Road, St. Joseph, MI 49085.
- g) U.S. Sieve Series, ASTM-E11, American Society of Testing Materials, 1916 Race Street, Philadelphia, PA 19103.
- h) 55 FR 41546, (October 12, 1990), Method 202: Determination of Condensible Particulate Emissions from Stationary Sources.
- i) Standard Methods for the Examination of Water and Wastewater, Section 209C, "Total Filtrable Residue Dried at 105°C," 1985 Edition.

(Source: Amended at 16 Ill. Reg. ___ effective ___)

SUBPART Q: STONE, CLAY, GLASS AND CONCRETE MANUFACTURING

Section 212.424 Fugitive Particulate Matter Control for the Portland Cement Manufacturing Plant and Associated Quarry Operations Located in LaSalle County, South of the Illinois River.

- a) Applicability. This section shall apply to the portland cement manufacturing plant in operation before September 1, 1990 and associated quarry operations located in LaSalle County, south of the Illinois River. Associated quarry operations are those operations involving the removal and disposal of overburden, and the extraction, crushing, sizing, and transport of limestone and shale for usage at the Portland cement manufacturing plant. This Section shall not become effective until April 30, 1992.

- b) Applicability of Subpart K of this Part. This Section

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shall not alter the applicability of Subpart K: Fugitive Particulate Matter.

- c) Fugitive Particulate Matter Control Measures For Roadways at the Plant.

1) For the unpaved access roadway to the Illinois Central Silos Loadout, the owner or operator shall spray a 30 percent solution of calcium chloride once every 16 weeks at an application rate of at least 1.58 liters per square meter (0.35 gallons per square yard) followed by weekly application of water at a rate of at least 1.58 liters per square meter (0.35 gallons per square yard). This subsection shall not apply after the roadway is paved.

2) The owner or operator of the Portland cement manufacturing plant shall keep written records in accordance with subsection (e).

- d) Fugitive Particulate Matter Control Measures for Associated Quarry Operations.

1) For the primary crusher, the primary screen, the #3 conveyor from the primary screen to the surge pile, and the surge pile feeders to the #4 conveyor, the owner or operator shall spray a chemical foam spray of at least 1 percent solution of chemical foaming agent in water continuously during operations at a rate of at least 1.25 liters per megagram (0.30 gallons per ton) of rock processed.

2) The owner or operator shall water all roadways traveled by trucks to and from the primary crusher in the process of transporting raw limestone and shale to the crusher at an application rate of at least 0.50 liters per square meter (0.10 gallons per square yard) applied once every eight hours of operation except under conditions specified in subsection (d)(3). Watering shall begin within one hour of commencement of truck traffic each day.

3) Subsection (d)(2) shall be followed at all times except under the following circumstances:

- A) Precipitation is occurring such that there are no visible emissions or if precipitation

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occurred during the previous 2 hours such that there are no visible emissions;

- B) If the ambient temperature is less than or equal to 0°C (32°F); or

C) If ice or snow build-up has occurred on roadways such that there are no visible emissions.

4) The owner or operator of the associated quarry operations shall keep written records in accordance with subsection (e).

e) Recordkeeping and Reporting

1) The owner or operator of any portland cement manufacturing plant and/or associated quarry operations subject to this Section shall keep written daily records relating to the application of each of the fugitive particulate matter control measures required by this Section.

2) The records required under this Section shall include at least the following:

- A) the name and address of the plant;
- B) the name and address of the owner or operator of the plant and associated quarry operations;
- C) a map or diagram showing the location of all fugitive particulate matter sources controlled including the location, identification, length, and width of roadways;
- D) for each application of water or calcium chloride solution, the name and location of the roadway controlled, the water capacity of each truck, application rate of each truck, frequency of each application, width of each application, start and stop time of each application, identification of each water truck used, total quantity of water or calcium chloride used for each application, including the concentration of calcium chloride used for each application;

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- E) for application of chemical foam spray solution, the application rate and frequency of application, name of foaming agent, and total quantity of solution used each day;
- F) name and designation of the person applying control measures; and
- G) a log recording all failures to use control measures required by this Section with a statement explaining the reasons for each failure and, in the case of a failure to comply with the roadway watering requirements of subsection (d)(2), a record showing that one of the circumstances for exceptions listed in subsection (d)(3) existed during the period of the failure. Such record shall include, for example, the periods of time when the measured temperature was less than or equal to 0°C (32°F).
- 3) Copies of all records required by this Section shall be submitted to the Agency within ten (10) working days of a written request by the Agency.
- 4) The records required under this Section shall be kept and maintained for at least three (3) years and shall be available for inspection and copying by Agency representatives during working hours.
- 5) A quarterly report shall be submitted to the Agency stating the following: the dates required control measures were not implemented, the required control measures, the reasons that the control measures were not implemented, and the corrective actions taken. This report shall include those times when subsection (e d) is involved. This report shall be submitted to the Agency 30 calendar days from the end of a quarter. Quarters end March 31, June 30, September 30, and December 31.

(Source: Amended at ____ Ill. Reg. ____, effective ____)

SUBPART R: PRIMARY AND FABRICATED METAL

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PRODUCTS AND MACHINERY MANUFACTURE

Section 212.443 By-Product Coke Plants

- a) Subpart B shall not apply to ~~by-product~~ coke plants.

b) Charging:

1) Uncaptured Emissions

- A) No person shall cause or allow the emission of visible particulate matter from any coke oven charging operation, from the introduction of coal into the first charge port, as indicated by the first mechanical movement of the coal feeding mechanism on the larry car, to the replacement of the final charge port lid for more than a total of 125 seconds over 5 consecutive charges; provided however that 1 charge out of any 20 consecutive charges may be deemed an uncountable charge at the option of the operator.

- B) Compliance with the limitation set forth in subsection (A) shall be determined in the following manner:

- i) Observation of charging emissions shall be made from any point or points on the topside of a coke oven battery from which a qualified observer can obtain an unobstructed view of the charging operation.
- ii) The qualified observer shall time the visible emissions with a stopwatch while observing the charging operation. Only emissions from the charge port and any part of the larry car shall be timed. The observation shall commence as soon as coal is introduced into the first charge port as indicated by the first mechanical movement of the coal feeding mechanism on the larry car and shall terminate when the last charge port lid has been replaced. Simultaneous emissions from more than one emission point shall be timed and recorded

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as one emission and shall not be added individually to the total time.

iii) The qualified observer shall determine and record the total number of seconds that charging emissions are visible during the charging of coal to the coke oven.

iv) For each charge observed, the qualified observer shall record the total number of seconds of visible emissions, the clock time for the initiation and completion of the charging operation and the battery identification and oven number.

v) The qualified observer shall not record any emissions observed after all charging port lids have been firmly seated following removal of the larry car, such as emissions occurring when a lid has been temporarily removed to permit spilled coal to be swept into the oven.

vi) In the event that observations from a charge are interrupted the data from the charge shall be invalidated and the qualified observer shall note on his/her observation sheet the reason for invalidating the data. The qualified observer shall then resume observation of the next consecutive charge or charges and continue until a set of five charges has been recorded. Charges immediately preceding and following interrupted observations shall be considered consecutive.

2) Emissions from Control Equipment

A) Emissions of particulate matter from control equipment used to capture emissions during charging shall not exceed 0.046 gm/dscm (0.020 gr/dscf). Compliance shall be determined in accordance with the procedures set forth in 40 CFR 60, Appendix A, Methods 1-5 as ~~regulations promulgated by the U.S. Environmental~~

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~~Protection Agency under Section 111 of the Clean Air Act (42 USC 7411) as amended incorporated by reference in Section 212.113. THE PROVISIONS OF SECTION 111 OF THE CLEAN AIR ACT . . . RELATING TO STANDARDS OF PERFORMANCE FOR NEW STATIONARY SOURCES . . . ARE APPLICABLE IN THIS STATE AND ARE ENFORCEABLE UNDER (THE ENVIRONMENTAL PROTECTION ACT). (ILL. REV. STAT. 1989, CH. 111-1/2, PAR. 1009.1(b)).~~

B) The opacity of emissions from control equipment shall not exceed an average of 20%, averaging the total number of readings taken. Opacity readings shall be taken at 15-second intervals from the introduction of coal into the first charge port as indicated by the first mechanical movement of the coal feeding mechanism on the larry car to the replacement of the final charge port lid. Compliance, except for the number of readings required, shall be determined in accordance with 40 CFR 60, Appendix A, Method 9, as ~~regulations promulgated by the U.S. Environmental Protection Agency under Section 111 of the Clean Air Act (42 USC 7411), as amended incorporated by reference in Section 212.113. THE PROVISIONS OF SECTION 111 OF THE CLEAN AIR ACT . . . RELATING TO STANDARDS OF PERFORMANCE FOR NEW STATIONARY SOURCES . . . ARE APPLICABLE IN THIS STATE AND ARE ENFORCEABLE UNDER (THE ENVIRONMENTAL PROTECTION ACT). (ILL. REV. STAT. 1989, CH. 111-1/2, PAR. 1009.1(b)).~~

C) Opacity readings of emissions from control equipment shall be taken concurrently with observations of fugitive particulate matter. Two qualified observers shall be required.

3) Qualified observers referenced in subsection (b) shall be certified pursuant to 40 CFR 60, Appendix A, Method 9, as ~~regulations promulgated by the U.S. Environmental Protection Agency under Section 111 of the Clean Air Act (42 USC 7411), as amended incorporated by reference in Section 212.113. THE PROVISIONS OF SECTION 111 OF THE CLEAN AIR ACT . . . RELATING TO STANDARDS OF PERFORMANCE FOR NEW~~

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STATIONARY SOURCES . . . ARE APPLICABLE IN THIS STATE AND ARE ENFORCEABLE UNDER [THE ENVIRONMENTAL PROTECTION ACT]. (ILL. REV. STAT. 1989, CH. 111-1/2, PAR. 1009.1(b)).

ARE APPLICABLE IN THIS STATE AND ARE ENFORCEABLE UNDER [THE ENVIRONMENTAL PROTECTION ACT]. (ILL. REV. STAT. 1989, CH. 111 1/2, PAR. 1009.1(b)).

c) Pushing:

1) Uncaptured Emissions

A) Emissions of fugitive particulate matter from pushing operations shall not exceed an average of 20% opacity for 4 consecutive pushes considering the highest average of six consecutive readings in each push. Opacity readings shall be taken at 15-second intervals, beginning from the time the coke falls into the receiving car or is first visible as it emerges from the coke guide whichever occurs earlier, until the receiving car enters the quench tower or quenching device. For a push of less than 90 seconds duration, the actual number of 15-second readings shall be averaged.

B)

Opacity readings shall be taken by a qualified observer located in a position where the oven being pushed, the coke receiving car and the path to the quench tower are visible. The opacity shall be read as the emissions rise and clear the top of the coke battery gas mains. The qualified observer shall record opacity readings of emissions originating at the receiving car and associated equipment and the coke oven, including the standpipe on the coke side of the oven being pushed. Opacity readings shall be taken in accordance with the procedures set forth in 40 CFR 60, Appendix A, Method 9, except that Section 2.5 for data reduction shall not be used. The qualified observer referenced in this subsection shall be certified pursuant to 40 CFR 60, Appendix A, Method 9, as regulations promulgated by the ~~U.S. Environmental Protection Agency under Section 111 of the Clean Air Act (42 USC 7411)~~ as amended incorporated by reference in Section 212.113. THE PROVISIONS OF SECTION 111 OF THE CLEAN AIR ACT . . . RELATING TO STANDARDS OF PERFORMANCE FOR NEW STATIONARY SOURCES . . .

2) Emissions from Control Equipment

A) The particulate emissions from control equipment used to control emissions during pushing operations shall not exceed 0.040 pounds per ton of coke pushed. Compliance shall be determined in accordance with the procedures set forth in 40 CFR 60, Appendix A, Methods 1-5, as regulations promulgated by the ~~U.S. Environmental Protection Agency under Section 111 of the Clean Air Act (42 USC 7411)~~ as amended incorporated by reference in Section 212.113. THE PROVISIONS OF SECTION 111 OF THE CLEAN AIR ACT . . . RELATING TO STANDARDS OF PERFORMANCE FOR NEW STATIONARY SOURCES . . . ARE APPLICABLE IN THIS STATE AND ARE ENFORCEABLE UNDER [THE ENVIRONMENTAL PROTECTION ACT]. (ILL. REV. STAT. 1989, CH. 111 1/2, PAR. 1009.1(b)). Compliance shall be based on an arithmetic average of three runs (stack tests) and the calculations shall be based on the duration of a push as defined in subsection (c)(1)(A).

B)

The opacity of emissions from control equipment used to control emissions during pushing operations shall not exceed 20%. For a push of less than six minutes duration, the actual number of 15-second readings taken shall be averaged. Compliance shall be determined in accordance with 40 CFR 60, Appendix A, Method 9, as regulations promulgated by the ~~U.S. Environmental Protection Agency under Section 111 of the Clean Air Act (42 USC 7411)~~ as amended incorporated by reference in Section 212.113. THE PROVISIONS OF SECTION 111 OF THE CLEAN AIR ACT . . . RELATING TO STANDARDS OF PERFORMANCE FOR NEW STATIONARY SOURCES . . . ARE APPLICABLE IN THIS STATE AND ARE ENFORCEABLE UNDER [THE ENVIRONMENTAL PROTECTION ACT]. (ILL. REV. STAT. 1989, CH. 111 1/2, PAR. 1009.1(b)). Section 2.5 of 40 CFR 60, Appendix

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A. Method 9 for data reduction shall not be used for pushes of less than six minutes duration.

d) Coke Oven Doors:

1) No person shall cause or allow visible emissions from more than 10% of all coke oven doors at any time. Compliance shall be determined by a one pass observation of all coke oven doors on any one battery.

2) No person shall cause or allow the operation of a coke oven unless there is on the plant premises at all times an adequate inventory of spare coke oven doors and seals and unless there is a readily available coke oven door repair facility.

e) Coke Oven Lids: No person shall cause or allow visible emission from more than 5% of all coke oven lids at any time. Compliance shall be determined by a one pass observation of all coke oven lids.

f) Coke Oven Offtake Piping: No person shall cause or allow visible emissions from more than 10% of all coke oven offtake piping at any time. Compliance shall be determined by a one pass observation of all coke oven offtake piping.

g) Coke Oven Combustion Stack: No person shall cause or allow the emission of particulate matter from a coke oven combustion stack to exceed 110 mg/dscm (0.05 gr/dscf).

h) Quenching

1) All coke oven quench towers shall be equipped with grit arrestors or equipment of comparable effectiveness. Baffles shall cover 95% or more of the cross sectional area of the exhaust vent or stack and must be maintained. ~~The Quench make-up water shall not directly include untreated coke by-product plant effluent. All water placed on the coke being quenched shall be quench water.~~

2) Total dissolved solids concentrations in the quench make-up water shall not exceed a weekly average of 1200 ~~1500~~ mg/l. ~~Provided however that the~~

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~~limitations on the quality of quench make-up water shall not apply where the operator employs an equivalent method of control as determined by the Agency.~~

3) ~~The quench water shall be sampled for total dissolved solids concentrations in accordance with the methods specified in Standard Methods for the Examination of Water and Wastewater, Section 209C, "Total Filtrable Residue Dried at 105°C" 1985 Edition. Analyses shall be performed on grab samples of the quench water as applied to the coke. Samples shall be collected a minimum of five days per week per quench tower and analyzed to report a weekly concentration. The samples for each week shall be analyzed either:~~

- ~~i) separately, with the average of the individual daily concentrations determined; or~~
- ~~ii) as one composite sample, with equal volumes of the individual daily samples combined to form the composite sample.~~

4) ~~The records required under this subsection shall be kept and maintained for at least three (3) years and upon prior notice shall be available for inspection and copying by Agency representatives during work hours.~~

- i) ~~Work Rules: No person shall cause or allow the operation of a by-product coke plant except in accordance with operating and maintenance work rules approved by the Agency.~~

(Source: Amended at ___ Ill. Reg. ___, effective ___)
Section 212.445 Blast Furnace Cast Houses

a) Uncaptured Emissions

- 1) ~~Emissions of fugitive particulate matter from any opening in a blast furnace cast house shall not exceed 20% opacity on a 6-minute rolling average basis beginning from initiation of the opening of the tap hole up to the point where the iron and slag stops flowing in the trough.~~

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- 2) Opacity readings shall be taken in accordance with the observation procedures set out in 40 CFR Part 60, Appendix A, Method 9, and 40 CFR 60.675(c) and (d) (1991), incorporated by reference in Section 212.113.

b) Emissions from Control Equipment

- 1) Particulate emissions from control equipment used to collect any of the emissions from the tap hole, trough, iron or slag runners or iron or slag spouts shall not exceed 0.023 gm/dscm (0.010 gr/dscf). Compliance shall be determined in accordance with the procedures set out in 40 CFR 60, Appendix A, Methods 1-5 (1991), incorporated by reference in Section 212.113, and shall be based on the arithmetic average of three runs. Calculations shall be based on the duration of a cast defined in paragraph (a)(1).

- 2) The opacity of emissions from control equipment used to collect any of the emissions from the tap hole, trough, iron or slag runners or iron or slag spouts shall not exceed 10% on a 6-minute rolling average basis. Opacity readings shall be taken in accordance with the observation procedures set out in 40 CFR Part 60, Appendix A, Method 9, and 40 CFR 60.675 (c) and (d) (1991), incorporated by reference in Section 212.113.

- a) Particulate matter emissions from the blast furnace casting operation into the ambient air shall not exceed the allowable emission rate specified in Section 212.321, calculated and measured as follows:

- 1) For purposes of this rule, the casting operation for each furnace shall be considered as a separate operation and the process weight (up) in the calculation shall be the total weight of the iron and slag entering the cast house during the casting operation.

- 2) Measurement method:

- A) Application. This test procedure shall be used to determine compliance with this subsection

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(a), Blast Furnace Cast Houses. If the United States Environmental Protection Agency (USEPA) adopts a test procedure to sample particulate emissions from blast furnace cast houses, that test procedure may be substituted for the one specified in this paragraph upon publication in the Federal Register.

- B) ~~Measurement Equipment for this Test Procedure. The measurement equipment used for this test procedure shall consist of the following:~~

i) ~~High Volume Air Samplers with 0.3 micron glass fiber filters shall be used for the determination of cast house particulate emission concentrations.~~

ii) ~~Velocity measurements shall be determined by the use of a suitable instrument designed for the accurate determination of velocities within the range encountered during the sampling duration.~~

iii) ~~Temperature measurements shall be determined by the use of a suitable instrument designed for the accurate determination of temperature within the range encountered during the sampling duration.~~

- C) ~~Test Procedure.~~

i) ~~Sampling Time Duration: Sampling and opacity observations will initiate with the opening of the tap hole and terminate with the plugging of the tap hole.~~

ii) ~~Opacity Observations: Opacity observations of the cast house roof monitor particulate emissions into the atmosphere shall be performed during the test runs by use of the USEPA Method 9 Procedure (40 CFR 60, Appendix A, Method 9, 42 Fed. Reg. 41754 (August 18, 1977)).~~

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iii) ~~Number of Test Runs: The average of six complete sampling runs during normal operating conditions will be the minimum required to determine compliance with this subsection (a).~~

iv) ~~Sampled Emission: During the test period, particulate emissions from the casting operation shall be directed into the east house to the extent feasible and shall not create an unsafe or hazardous condition. Those emissions in and/or directed to the east house shall be allowed to escape only at sampling area locations. Compliance with this requirement shall be determined by an agency-certified observer, and any significant visible emission from the east house any place other than a sampling location will invalidate the test.~~

v) ~~Sampler Locations: Samplers shall be located as close as practicable to the discharge point of the east house emissions to the atmosphere and shall be oriented in the direction of the air flow. The sampler grid pattern shall be divided up such that the cross-sectional area per sampler shall not exceed 9.29 square meters (100 square feet). If necessary to insure representative samples, the Agency may specify an area of less than 9.29 square meters (100 square feet). Each sampler shall be located at the approximate center of each sampling area. The concentration of particulate matter as determined by each sampler shall be considered as the concentration for each respective area.~~

vi) ~~Velocity Measurement Locations: Velocity measurements shall be made as close as possible to each sampling point location without interfering with the measurement. The average velocity measured at each sampling point for the entire sample run shall be used as the average velocity for each entire sampler area respectively.~~

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vii) ~~Temperature Measurement Locations: The same as velocity measurement locations.~~

viii) ~~Emission Exhaust Pressure Measurements: This pressure shall be considered the barometric pressure as measured at the east house floor.~~

ix) ~~Recording of Operating Parameters: The following information shall be recorded for those casts tested: material charge weights to the blast furnace for the operating turn during which cast house tests are performed, cast weights, total weight of iron plus slag entering the east house during each casting operation sampled, all information contained in blast furnace casting logs or other similar records, size of the tap hole drill bit used for each cast and the length of the tap hole for each previous cast.~~

D) ~~Calculations. Mass Emission Rate (lbs/hr): The mass emission rate (lbs/hr) for each test run shall consist of the sum of the mass emissions as determined per each sample area. Should the sample time duration be greater than one hour, the ratio calculated for one hour divided by the sample time duration (hours) shall be multiplied by the sum of the mass emissions to obtain the pounds per hour rate.~~

b) ~~Provided, however, that subsection (a) above shall not apply at the option of the operator if the operator has installed and is operating and maintaining collection equipment designed to collect a minimum of fifty percent (50%) of particulate matter emissions from the tap hole, the trough to the skimmers and the iron spouts. Such emissions shall be evacuated to pollution control equipment. Emissions from said pollution control equipment shall not exceed 46 mg/dscm (0.02 gr/dscf).~~

(Source: Amended at Ill. Reg. _____, effective _____)

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- 1) The Heading of the Part: MEDICAL PAYMENT
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) Section Number: Proposed Action:
140.27 Amendment
- 4) Statutory Authority: Section 11-3 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Par. 11-3), as amended by P.A. 87-13
- 5) A Complete Description of the Subjects and Issues Involved: These rules implement a portion of P.A. 87-13 which makes it clear that a provider can assign, reassign, sell, pledge or grant a security interest in payments due the provider to the Illinois Health Facilities Authority in connection with a financing program undertaken by the Authority.
- 6) Will this Proposed Amendment replace an Emergency Amendment currently in effect? Yes
- 7) Does this rulemaking contain an automatic repeal date?
Yes X No
- 8) Does this Proposed Amendment contain incorporations by reference? No
- 9) Are there any other Proposed Amendments pending on this Part? Yes

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.2	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.3	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.5	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.11	Amendment	May 10, 1991 (15 Ill. Reg. 6949)
140.94	Amendment	November 8, 1991 (15 Ill. Reg. 15933)

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<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.95	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.400	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.425	Repealed	August 30, 1991 (15 Ill. Reg. 12171)
140.426	Repealed	August 30, 1991 (15 Ill. Reg. 12171)
140.428	Repealed	August 30, 1991 (15 Ill. Reg. 12171)
140.440	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.441	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.442	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.449	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.469	Amendment	September 20, 1991 (15 Ill. Reg. 13685)
140.512	Amendment	September 13, 1991 (15 Ill. Reg. 13274)
140.513	Amendment	September 13, 1991 (15 Ill. Reg. 13274)
140.514	Amendment	August 16, 1991 (15 Ill. Reg. 11555)
140.530	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.538	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.552	Amendment	November 8, 1991 (15 Ill. Reg. 15933)

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Section Numbers Proposed Action Illinois Register Citation

140.560 Amendment November 8, 1991
(15 Ill. Reg. 15933)

140.561 Amendment November 8, 1991
(15 Ill. Reg. 15933)

140.562 Amendment November 8, 1991
(15 Ill. Reg. 15933)

140.569 Amendment November 8, 1991
(15 Ill. Reg. 15933)

140.583 Amendment November 8, 1991
(15 Ill. Reg. 15933)

140.646 Amendment May 10, 1991
(15 Ill. Reg. 6949)

140.835 Repealed November 8, 1991
(15 Ill. Reg. 15933)

140. Table E Amendment August 30, 1991
(15 Ill. Reg. 12171)

140. Table F Repealed August 30, 1991
(15 Ill. Reg. 12171)

10) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning the proposed rulemaking. All comments must be in writing and should be addressed to David E. Peterson, Staff Attorney, Office of the General Counsel, Illinois Department of Public Aid, Jesse B. Harris Building II, 100 South Grand Avenue East, 3rd Floor, Springfield, Illinois 62762 (217-782-1233). The Department will consider all written comments it receives within 30 days of the date of publication of this notice.

12) Initial Regulatory Flexibility Analysis: This rulemaking has no effect on small businesses.

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The full text of the Proposed Amendment is identical to the text of the Emergency Amendment which appears in this issue of the Register on page 304.

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1) Heading of the Part: Appeals and Hearings2) Code Citation: 89 Ill. Adm. Code 5103) Section Numbers: Proposed Action:

510.10	Amendment
510.20	Amendment
510.30	Amendment
510.40	Amendment
510.70	Amendment
510.80	Amendment
510.90	Amendment
510.100	Amendment
510.110	Amendment

4) Statutory Authority: Implementing Section 3 of The Disabled Persons Rehabilitation Act (Ill. Rev. Stat. 1989, ch. 23, par. 3429(g)), and authorized by Section 16 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989, ch. 127, par. 16)5) A Complete Description of the Subjects and Issues Involved:
Amended to include matters concerning the following:
Conduct of clients at the Illinois Visually Handicapped Institute; clarify language regarding the Vending Facilities Program for the Blind; allow for representation of grievants by the Client Assistance Program; specify that the grievants representative be informed of the Level I hearing decision; rules for Level II appeals in the Home Service Program; and provisions for review of the client's case file as part of the Directors review.6) Will this proposed rule replace an emergency rule currently in effect? No7) Does this rulemaking contain an automatic repeal date?
Yes X No8) Does this proposed rule (amendment, repealer) contain incorporations by reference? No9) Are there any other amendments pending on this Part? No

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
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10) Statement of Statewide Policy Objectives (if applicable):
Not Applicable11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning these rules within 45 days after this issue of the Illinois Register. All requests and comments should be submitted in writing to:

Ms. Susan Warner, Acting Manager
 Regulations and Procedures Division
 Department of Rehabilitation Services
 P.O. Box 19429
 Springfield, Illinois 62794-9429

Telephone number: (217) 785-3896
 T.D.D.: (217) 785-9301

If because of physical disability you are unable to put comments into writing, you may make them orally to the person listed above.

12) Initial Regulatory Flexibility Analysis: The Department has determined that this rulemaking will not affect small businesses.

The full text of the Proposed Rule(s) begins on the next page:

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NOTICE OF PROPOSED AMENDMENTS

TITLE 89: SOCIAL SERVICES
 CHAPTER IV: DEPARTMENT OF REHABILITATION SERVICES
 SUBCHAPTER a: GENERAL PROGRAM PROVISIONS

PART 510
 APPEALS AND HEARINGS

Section

- 510.10 General Information
- 510.20 What May Be Appealed
- 510.30 What May Not Be Appealed
- 510.40 Grievant Rights
- 510.50 DORS' Rights
- 510.60 Service Notice
- 510.70 Conduct of Level I and Level II Hearings
- 510.80 Level I Hearings
- 510.90 Level II Hearings
- 510.100 Director's Review
- 510.110 Exhaustion of Administrative Remedies

AUTHORITY: Implementing Section 3 of The Disabled Persons Rehabilitation Act (Ill. Rev. Stat. 1989, ch. 23, par. 3429(g)), and authorized by Section 16 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989, ch. 127, par. 16)

SOURCE: Adopted and codified at 7 Ill. Reg. 5230, effective April 1, 1983; amended at 7 Ill. Reg. 14526, effective October 19, 1983; amended at 9 Ill. Reg. 12325, effective July 30, 1985; peremptory amendment at 11 Ill. Reg. 6563, effective March 31, 1987; Part repealed, new Part adopted at 13 Ill. Reg. 15769, effective September 26, 1989; amended at 16 Ill. Reg. _____ effective _____.

Section 510.10 General Information

a) Definitions

For the purposes of this Part, the following terms have the following meanings:

"Client" means any individual who has been referred to, applied for, or is receiving services from DORS, and the parent or guardian of the person of a minor or a court appointed guardian of the person of an adult.

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"Days" unless otherwise specified, means working days, i.e., Mondays through Fridays, excluding state established holidays or days on which government offices are closed by order of the Governor.

"Director" means the Director of DORS.

"DORS" means the Department of Rehabilitation Services and does not include any contractor, grantee, nominee agency, or service provider.

"Grievant" means any person who has been aggrieved by any action or inaction of DORS; is receiving services from DORS; has made application for DORS services; has been denied application for DORS services; has been referred to or has sought services from DORS; has been determined by DORS to have misspent funds, as specified in 89 Ill. Adm. Code 527: Recovery of Misspent Funds; is an aggrieved licensed ~~W/H~~ vendor, as specified in 89 Ill. Adm. Code 650: Vending ~~stand~~/Facilities Program for the Blind; or the parent or guardian of the person of a minor or a court appointed guardian of the person of an adult.

"Hearing Officer" means a DORS employee appointed to conduct the Level I proceeding as set forth in Section 510.80 or an Impartial Hearing Officer appointed to conduct the Level II proceeding as set forth in Section 510.90.

"Inaction" means the failure of DORS to act within 60 days on a client's request for any change in service or upon an application for services.

"IVHI" means the Illinois Visually Handicapped Institute.

"Level I hearing" means a hearing at the first level of appeal by a grievant, as set forth in Section 510.80.

"Level II hearing" means a hearing at the second level of appeal by a grievant, as set forth in Section 510.90.

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"personal representative" means an attorney or other individual designated by a grievant to act on the grievant's behalf in the proceedings contained in this Part, as set forth in subsection (b) (2) of this Section and Section 510.70(h).

"Schools" means the three schools which are operated by DORS: the Illinois Children's School and Rehabilitation Center, the Illinois School for the Deaf, and the Illinois School for the Visually Impaired.

"Services" means services provided directly or purchased by DORS as set forth in 89 Ill. Adm. Code: Chapter IV, Subchapters b, c, d, and e (Vocational Rehabilitation, Vocational Related Programs, Home Services Program and Community Services/Illinois Visually Handicapped Institute, respectively) and 89 Ill. Adm. Code 895 (Total Life Planning).

b) General Provisions

- 1) Any and all notices and communications made pursuant to this Part must be in writing, unless the grievant is unable to communicate in writing. All nonwritten communications must be documented in the grievant's file.
- 2) A personal representative may exercise any right of the grievant on the grievant's behalf. A grievant may only designate one personal representative at any one time.
- 3) All time periods related to communications arising under this Part commence on the date of receipt (receipt is presumed 4 days from the date of postmark or on the day of delivery for hand delivered items) or, if a nonwritten form of communication, on the date of receipt.
- 4) Appeals by any party not a "grievant" cannot be heard by DORS pursuant to this Part.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

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Section 510.20 What May Be Appealed

The following may be appealed under this Part:

- a) DORS' refusal to provide any service;
- b) modification of any service currently provided to the client by DORS, or termination of a service or case closure, unless agreed upon by the client and DORS;
- c) a determination that a client is ineligible for services;
- d) issues related to sex equity and DORS schools, set forth in 89 Ill. Adm. Code 829;
- e) refusal of the schools to permit modifications to a student's records, set forth in 89 Ill. Adm. Code 765.60 (a) (1);
- f) collection of misspent funds, set forth in 89 Ill. Adm. Code 527;
- g) inaction of DORS employees as defined in Section 510.10;
- h) dissatisfaction of a licensed ~~blind~~/vendor in the Vending Facilities Program for the Blind with any action of DORS arising from the administration of the Vending ~~Stand~~/Facilities Program for the Blind; ~~and~~
- i) dissatisfaction of a client of the Community Services for Visually Handicapped program; and
- j) matters concerning the conduct of clients at the Illinois Visually Handicapped Institute, as set forth in 89 Ill. Adm. Code 730, Subpart D.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 510.30 What May Not Be Appealed

- a) The following may not be appealed under this Part:
 - 1) changes in services or procedures over which DORS exercises no discretion or control;

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- 2) changes in services or procedures which are mandated by federal or state law or regulation;
- 3) failure to provide services which DORS, in accordance with federal or state law, regulations, and the State Plan does not cannot provide;
- 4) the establishment of, and provisions contained in, an Individualized Educational Program (IEP) and other matters as governed by 89 Ill. Adm. Code: Chapter IV, Subchapter f (Educational Facilities), except as set forth in Section 510.20 (d) and (e);
- 5) all recommendations for decisions and procedures for the adjudication of benefits under the federal Social Security Act which are made by DORS under its authority from the United States Department of Health and Human Services, Social Security Administration, as set forth in 89 Ill. Adm. Code: Chapter IV, Subchapter g (Bureau of Disability Determination Services);
- 6) issues related to the legality of DORS' rules;
- 7) discipline of a vendor under the Vending Facilities ~~Standard~~/Program for the Blind, as set forth in 89 Ill. Adm. Code 650;
- 8) student discipline, as set forth in 89 Ill. Adm. Code 827;
- 9) ~~any and all findings of the Commission of the Illinois Visually Handicapped Institute, as set forth in 89 Ill. Adm. Code 730/Supp. 1/01~~
- 9) DORS findings relating to the evaluation of rehabilitation facilities, as set forth in 89 Ill. Adm. Code 530. Subpart A;

- 10) ~~any~~ a grievance which has already been decided through the appeal process as set forth in this Part; and
- 11) ~~any~~ the an action taken by DORS which does not affect grievant (e.g., a client wishing to appeal DORS terminating sponsorship of another client in training for failing to maintain ~~a~~/the/

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grade point average/~~per~~required in 89 Ill. Adm. Code 592.80).

- b) Should a grievant improperly request an appeal and other procedures for appeal are available, DORS will advise the grievant of the proper appeal process.
- c) Failure of the grievant to follow procedures as set forth in this Part or failure to request appeals within the specified time frames shall result in dismissal of the appeal except if the failure to follow procedure was a result of DORS failure to provide required notice or information.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 510.40 Grievant Rights

- a) DORS must make the grievant aware, in a language that is understandable to the grievant, of the right to appeal pursuant to this Part, at the following times or events:

- 1) upon application for services,
- 2) upon denial of application,
- 3) after the initiation or change of services,
- 4) upon termination of a service,
- 5) upon closure,
- 6) after a determination that funds have been misspent,
- 7) upon enrollment in a DORS school, and
- 8) upon entrance into the Vending ~~Standard~~/Facilities Program for the Blind.

- b) If the grievant is a client of the vocational rehabilitation (VR) program or a licensed ~~VR~~/vendor in the Vending Facilities Program for the Blind, a Level I hearing is optional. The person has the right to request that the grievance proceed to

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Level II, which hearing shall be scheduled within 45 days of the client's request.

- c) The grievant may request an interpreter, either sign (if the grievant is hearing impaired) or language (if the grievant's normally spoken language is other than English), to attend the hearing. A visually impaired grievant may either request a reader to read materials provided by DORS in preparation for the hearing or request that the materials be provided in braille, large print or audiotape.
- d) All meetings with the grievant pursuant to this Part must occur at a time and location convenient to both parties.
- e) All proceedings pursuant to this Part are to be confidential and not open to the general public unless requested to be so by the grievant.
- f) If the grievant is a client of the vocational rehabilitation program, (89 Ill. Adm. Code: Chapter IV, Subchapter b), Home Services Program, (89 Ill. Adm. Code: Chapter IV, Subchapter d), Community Services for the Visually Handicapped program, or Illinois Visually Handicapped Institute (89 Ill. Adm. Code: Chapter IV, Subchapter e), DORS must inform the grievant of the right to the assistance of DORS' Client Assistance Program (CAP) in the preparation and presentation of the matters to be heard, at the time of application or referral for services and at service initiation or modification, as well as when the grievant requests a hearing. *THE GRIEVANT MUST BE ADVISED OF HOW TO OBTAIN CAP/SHALL NOT DIRECTLY REPRESENT THE GRIEVANT AT SUCH A HEARING.*
- g) After a request for a hearing is received by DORS, the grievant will be provided with written notification of his/her right to:
 - 1) review the case file and other related documents;
 - 2) be represented by a personal representative who has filed an appearance with DORS pursuant to Section 510.70(h);
 - 3) an explanation of the appeal process as set forth in this Part;

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- 4) request an interpreter pursuant to subsection (c) of this Section (the request must be made within 2 days of being informed of these rights);
- 5) decline to appear for a Level I or II hearing, in which case a review of the case file and any new evidence or information submitted by the grievant will be examined and a decision made based on that review by the Hearing Officer;
- 6) withdraw the appeal at any time during the process, in which case the grievant cannot request a reopening of the appeal;
- 7) a timely and impartial hearing;
- 8) confidentiality of these proceedings, as set forth in 89 Ill. Adm. Code 505.10 and pursuant to subsection (e) above;
- 9) a continuation of services, as set forth in Section 510.60 (e); and
- 10) have DORS employees involved in the appealed action present at the hearing, and to question them.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 510.70 Conduct of Level I and Level II Hearings

- a) Procedures set forth in the Civil Practice Law (Ill. Rev. Stat. 1989, ch. 110, par. 2-101 et seq.) do not apply to the procedures contained in this Part.
- b) All hearings, as set forth in this Part, must be conducted in the following manner:
 - 1) DORS employees directly involved in the contested action will be present to testify and can be questioned by the grievant. However, if such person is no longer employed by DORS and declines to attend the hearing after DORS has made a reasonable attempt to secure his/her attendance, the person most knowledgeable about the case will attend;

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- 2) a hearing will not be adjourned until the Hearing Officer has received all information agreed upon within the time the parties have agreed to provide it;
- 3) only information bearing directly on the issue under review per Section 510.20 may be introduced from the grievant's case file. The Hearing Officer may not consider any information that has not been made available to the other party;
- 4) either party may present additional information and evidence, which must also be made available to the other party;
- 5) if the grievant has chosen to have a Level I hearing and then requests a Level II hearing, the Level II hearing shall review only those issues presented by the grievant in the Level I hearing or which are material and related to those presented in the Level I hearing;
- 6) the following is the order of proceedings:
 - A) presentation, argument and disposition of all preliminary motions and matters,
 - B) opening statements,
 - C) evidence presented by the grievant,
 - D) evidence presented by DORS,
 - E) rebuttal by either or both sides, and
 - F) closing statements.
- c) The grievant and DORS may call any person as a witness and conduct examinations and cross-examinations. The Hearing Officer may examine any of the witnesses at any time or request additional information from either party.
- d) The grievant and DORS may, by stipulation, agree upon any facts or laws involved in the proceeding. The facts stipulated must be considered as evidence in the proceeding.

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- e) It is the grievant's responsibility to prove to the Hearing Officer that his/her position is correct, and the grievant shall be so informed prior to the Level I and Level II hearings.
- f) DORS will assume all administrative costs of the appeals, i.e., interpreter, pursuant to Section 510.40(c), and record, pursuant to Section 510.90(df), but not costs personally incurred by the grievant because of the proceedings, e.g., legal fees, travel, witness costs, and room and board.
- g) All parties involved in the hearing must avoid repetitive continuances so that the subject matter of the hearing may be resolved expeditiously. A hearing may for good cause shown (e.g., illness of the grievant, representative, or DORS employee or severe weather problems) be continued once by the Hearing Officer. Notice of the request must be given in writing to the other party and to the Hearing Officer no less than ~~three~~(3) days prior to the previously scheduled hearing date in the absence of an emergency (e.g., illness of the grievant, representative, or DORS employee or severe weather problems). If the grievance pertains to the conduct of a client of IVHI, the notice must be given to the other party and to the Hearing Officer no less than 1 day prior to the previously scheduled hearing date in the absence of an emergency.
- h) DORS and the Hearing Officer must be notified by the grievant of the appointment of a personal representative by filing, no later than 3 days in advance of a hearing, a notice of appearance stating the personal representative's name, address and telephone number, identifying the grievant represented, and signed by the grievant. If the grievance pertains to the conduct of a client of IVHI, such notice must be made no later than 1 day in advance of the hearing. Such notice must be accompanied by appropriate consent for the release of confidential information to the personal representative, if one is not already in the file.
- i) At least 3 days prior to the hearing, the grievant and the DORS staff person who has taken the action being appealed must provide each other and the Hearing Officer with a list of witnesses, copies of documents

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not in the possession of the other party, and a summary of the evidence which they plan to present at the hearing. If the grievance pertains to the conduct of a client of IVHI, such information must be shared at least 1 day prior to the hearing.

j) The Hearing Officer has the power to:

- 1) control the conduct of the hearing to prevent irrelevant or immaterial discussion (repetitive discussion or discussion not germane to the issue being appealed);
- 2) rule upon all motions and other matters arising in the course of the hearing, including, but not limited to, a party's motion or objection concerning the admissibility of evidence; and
- 3) require the parties, at any stage of any hearing or after all parties have completed the presentation of their evidence, to present further evidence including, but not limited to, the production of any and all documents, books, papers and accounts the Hearing Officer deems material or relevant to any issue.

- k) Any relevant evidence presented which is of a type commonly relied upon by reasonably prudent individuals may be admissible, i.e., any information not presented in the hearing previously which pertains to the issues raised in the appeal and has been made available to both parties within the agreed upon time.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 510.80 Level I Hearings

- a) A grievant who is not satisfied with an action taken by DORS is entitled to a Level I hearing. If a client of the vocational rehabilitation program chooses to have a Level I hearing, this request signifies agreement with an extension of the federally mandated time for a Level II hearing, per 34 CFR 361.48 (c) (2), and the times shall commence on the date the Level II hearing is requested.

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- b) The request must be received within 15 days of receipt of any written notice. Requests for hearings for grievances of issues for which notice has not been sent (e.g., DORS inaction) must be received within 15 days of the date the person knew, or should have known, of the issue being grieved. For grievances relating to an available vending facility location (89 Ill. Adm. Code 650.0090), the request for a Level I hearing must be made within 5 days of receipt by the grievant of the notice of the selection. If the grievance pertains to the conduct of a client of IVHI, the request must be received within 2 days of the date the grievant learns of the disciplinary action imposed by IVHI.

- c) The Hearing Officer for a Level I hearing must be the supervisor of the DORS staff person who has taken the action being appealed, or that person's supervisor pursuant to Section 510.60 (d), except for hearings requested to modify school records (89 Ill. Adm. Code 765.60(a)(1)) and to resolve school sex equity issues (89 Ill. Adm. Code 829) which must be heard by the school's superintendent or designee. If the grievance pertains to the conduct of a client of IVHI, the Hearing Officer for a Level I hearing must be an employee designated by the Deputy Director of the Bureau of Blind Services.

- d) The hearing must be scheduled for between 10 and 15 days of date of receipt of request for hearing. The grievant must be informed in writing by the Hearing Officer, within 5 days of receiving the request, of the date, time, location of the hearing, name and address of the Hearing Officer (for requests for extensions), and of all rights accorded under this Part. If the grievant has notified DORS of his/her inability to attend a hearing at the local DORS office/facility, it ~~will~~ may be held in the grievant's home.

- e) If the grievance pertains to the conduct of a client of IVHI, the hearing must be scheduled between 3 and 5 days of the date of receipt of request for hearing. The grievant must be informed by the Hearing Officer, within 2 days of receiving the request, of the date, time, location of the hearing, name and address of the Hearing Officer (for requests for extensions), and of all rights accorded under this Part.

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d/f) Within 10 days after adjournment of the Level I hearing the grievant and the grievant's representative must be informed of the decision in writing. The decision must contain:

- 1) a statement of the basis upon which the decision was made;
- 2) the applicable laws and policies used;
- 3) the name and address of the DORS Hearings Coordinator; and
- 4) a statement that if the grievant is dissatisfied with the decision, a request for a Level II hearing must be received by the Hearings Coordinator within 15 days from the date of receipt of the Level I hearing decision notice.

g) If the grievance pertains to the conduct of a client of IVHI, within 2 days after adjournment of the Level I hearing the grievant must be informed of the decision by telephone, with written confirmation received by the grievant within 7 days. The decision must contain:

- 1) a statement of the basis upon which the decision was made;
- 2) the applicable laws and policies used;
- 3) the name, address, and telephone number of the DORS Hearing Coordinator; and
- 4) a statement that if the grievant is dissatisfied with the decision, a request for a Level II hearing must be received by the Hearing Coordinator within 2 days from the date of the telephone call on the Level I hearing decision.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 510.90 Level II Hearings

- a) If the grievant is not satisfied with the Level I decision or has chosen not to request a Level I hearing, pursuant to Section 510.40(b), she/he may request a Level II hearing. If the request is for a

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review of a Level I hearing, it must be received within 15 days from the date of receipt of the Level I hearing decision; if the request is for review of an action where there has not been a Level I hearing, pursuant to Section 510.40(b), it must be received within 15 days from the date the grievant receives notice or should have known of the issues being grieved; or if the request relates to an available vending facility location and there has not been a Level I hearing, it must be made within 5 days of receipt by the grievant of the notice of selection. The request must also: state if the grievant is unable to attend a hearing at the DORS local office, in which case it will be held in the grievant's home, and propose 4 acceptable dates for the hearing which dates shall be within 20 days of the request. However, if the issue involves collection of misspent funds, the grievant has 35 calendar days from the date of the Level I hearing decision to request a Level II hearing (Section 8 of the Illinois Grant Funds Recovery Act (Ill. Rev. Stat. 1989, ch. 127, par. 2308)).

b) If the grievance pertains to the conduct of a client of IVHI, the request must be received within 2 days of the date of the Level I hearing decision, and propose one date for the hearing which date shall be within 5 days of the request.

b/c) Within 5 days of receipt of the request for a Level II hearing, the DORS Hearings Coordinator must send the grievant a letter acknowledging the request for a hearing, selecting one of the dates offered by the grievant, affirming the location of the hearing, stating the Hearing Officer's name and address and informing the grievant of all rights accorded pursuant to this Part.

d) If the grievance pertains to the conduct of a client of IVHI, within 1 day of receipt of the request for a Level II hearing, the Hearings Coordinator must acknowledge the request for a hearing, select a date, affirm the location of the hearing and inform the grievant of all rights accorded pursuant to this Part.

e) The hearing must be heard by an Impartial Hearing Officer selected by the Hearings Coordinator from the list maintained by him/her. In hearings concerning student records and sex equity, the Hearing Officer

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will be the Deputy Director of the Bureau of Rehabilitation Services or designee.

d/f DORS will make an audio tape recording of the proceedings and will provide one copy to the grievant upon request, at no cost. Upon request by a visually impaired grievant, one copy of either a braille or large print transcript will be provided at no cost.

e/g The testimony and exhibits constitute the official record of the hearing.

f/h Findings of fact and the decision, prepared by the Hearing Officer, will be mailed within 15 days after the adjournment of the hearing, with the exception of appeals by licensed Wfmd/vendors in the Vending Facilities Program for the Blind. If the grievance pertains to the conduct of a client of IVHI, the findings of fact and the decision, prepared by the Hearing Officer, will be provided within 2 days after the adjournment of the hearing. The decision must state the principal issues and relevant facts brought out at the hearing, the pertinent provisions in law and DORS policy and the State Plan (as appropriate), the reasoning that led to the decision, the provisions for the Director's review as set forth in Section 510.100, and any appeal rights or procedures that may be available. This decision must be sent by Certified Mail, return receipt requested, to the grievant. A copy of the decision will also be sent to the Director and the grievant's representative, if any.

g/i For appeals initiated by a licensed Wfmd/vendor in the Vending Facilities Program for the Blind, the Hearing Officer shall provide the Director with his/her recommendations within 15 days of adjournment of the Level II hearing. The recommendations shall be based upon the record of the hearing, citing applicable provisions in law and policy. The Director shall mail his/her decision to the grievant within 5 days of receiving the Hearing Officer's recommendations. The Director's decision shall state the principal issues and relevant facts brought out at the hearing, pertinent provisions in law and DORS policy, the reasoning that led to the decision, the right to appeal per Section 510.110(c)(b), and have a copy of the Hearing Officer's recommendations attached.

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1 For Level II appeals initiated by a grievant under the Home Services Program, the following procedures apply:

- 1) the hearing will be conducted by an impartial Hearing Officer appointed by the Department of Public Aid ("DPA");
- 2) DPA's hearing rules, as set forth at 89 Ill. Adm. Code 104 et seq., will apply, except that:
 - a) Sections 510.10(b); 510.40(c), (e), (f), and (g) 5, 8, 9 and 10; 510.50; 510.70(e), (f) and (i); 510.90(f) and 510.100, set forth in this Part will apply rather than any similar DPA Rule, including specifically DPA Rules 104.10, 104.11, 104.20, 104.21(c), 104.70 and 104.80; and
 - b) Other rules set forth in this part, specifically sections 510.20, 510.30, 510.40(a), (d), and (g) 1, 2, 3, 4, 6 and 7, 510.60 and 510.90 (g), will apply to the extent they do not conflict with DPA hearing rules;
- 3) the appeal must be filed with, and received by, DORS Hearings Coordinator within 15 days from the date of receipt of the Level I hearing decision;
- 4) DORS will send the request to the DPA Assistance Hearings Section;
- 5) the grievant must direct all nonwritten communications relevant to the hearing to the DORS Hearings Coordinator, who will relay them to the DPA Hearing Officer;
- 6) the hearing will be held at the grievant's home unless the grievant requests that the hearing be held at the DORS office nearest the grievant; and
- 7) the hearing will be scheduled and a decision mailed by certified mail, return receipt requested, within 60 days from the date of filing of the appeal in accordance with Section 104.70(b) of DPA rules (89 Ill. Adm. Code 104.70(b)). The decision will be mailed by the Hearing Officer to the grievant, with copies to the DORS Hearings

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Coordinator and the grievant's representative, if any.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 510.100 Director's Review

a) The Director may choose to review any Level II decision except for an appeal brought by a licensed ~~blind~~ vendor in the Vending Facilities Program for the Blind by issuing a Notice of Intent to Review within 10 days. If the grievance pertains to the conduct of a client of IVHI, the Notice of Intent to review will be issued within 7 days. The scope of such review shall include, but is not limited to, the consistency of the Hearing Officer's finding with applicable law and regulations.

1) The DORS Hearings Coordinator and appropriate program staff will review the grievant's case file and the transcript of the Level II hearing, and make a recommendation to the Director regarding a Level II decision which is thought to be:

- A) in violation of constitutional, statutory, regulatory, or written policy;
- B) in excess of the statutory authority of DORS;
- C) affected by other error of law, regulation, or written policy;
- D) not reasonably supported by the evidence; or
- E) arbitrary, capricious, or characterized by abuse of or clearly unwarranted exercise of discretion.

2) If the Director determines that a review is necessary, based on the recommendations made in subsection (a)(1) of this Section, the Notice shall be sent to the grievant, who shall be informed of the right to submit additional written evidence and arguments to the Director. Such additional evidence and arguments must be received within 10 days of receipt of the Notice. If the grievance pertains to the conduct of a client of IVHI, such additional evidence and arguments must

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be received within 7 days of receipt of the Notice.

b) The Director's decision, citing the findings and grounds, must be mailed within 30 calendar days of the Notice. If the grievance pertains to the conduct of a client of IVHI, the Director's decision, citing the findings and grounds, must be mailed within 12 calendar days of the Notice. This decision must be sent by Certified Mail, return receipt requested, to the grievant.

c) The Director may modify, reverse or uphold the Hearing Officer's decision. This decision is based upon review of the client's case file, the Level I decision, the Level II record, ~~and~~ the Hearing Officer's decision, and any additional evidence and arguments submitted by the grievant.

(Source: Amended at 16 Ill. Reg. _____, effective _____)

Section 510.110 Exhaustion of Administrative Remedies

a) DORS administrative action becomes final upon the decision of the Director, or, if no such review has been undertaken, 10 days after the Level II Hearing Officer's decision has been issued.

b) If the grievance pertains to the conduct of a client at IVHI, DORS administrative action becomes final upon the decision of the Director, or, if no such review has been undertaken, 7 days after the Level II Hearing Officers decision has been issued.

bc) Any further appeal must be made to the courts, except that a vendor in the Vending ~~stand~~ Facilities Program for the Blind must first file an appeal with the U.S. Department of Education in accordance with the Randolph-Sheppard Act (20 U.S.C. 107 et seq.).

(Source: Amended at 16 Ill. Reg. _____, effective _____)

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corporation which is wholly-owned by the same common parent corporation as the taxpayer's."

In line 1 of the definition of "Contractually Obligated", placed the first letter of "obligated" in the lower case.

In line 1 of the definition of "Eligible Investments", placed the first letter of "investments" in the lower case.

In line 5 of the second paragraph of the definition of "Eligible investments", added a closing parenthesis after "2-201(f)".

In line 6 of the third paragraph of the definition of "Eligible investments", made "under taken" one word.

Revised the definition of "Full-time equivalent job" to read: "Full-time equivalent job" means the number of employees required to equal one full-time employee employed at the High Impact Service Facility. For purposes of this definition, "employee" means a person employed by the taxpayer, any wholly-owned subsidiary of the taxpayer, any corporation which wholly owns the taxpayer, or any corporation which is wholly-owned by the same common parent corporation as the taxpayer's, irrespective of the number of hours per week or number of weeks per year worked by such person."

In line 1 of the definition "High Impact Service Facility", placed the first letter of the words "Impact Service Facility", which appear in quotes, in the lower case.

In the definition of "Job Creation", in line 1, changed the first letter of "Creation" to the lower case and in line 6, deleted the hyphen in "re-filled".

Section 520.1120
Changed "will" to "shall" in line 3 of subsection (c) and line 17 of subsection (d).

In the last line of subsection (a), changed "of" to "after".

Section 520.1130
In lines 2 and 9 of subsection (a) and the last line of subsection (b), changed "of" to "after".

In line 1 of subsection (d), changed "will" to "shall".

In line 3 of subsection (f), inserted "an" before "additional".

In line 3 of subsection (f)(2), placed a period after "Stat".

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1) Heading of the Part: Enterprise Zone Program

2) Code Citation: 14 Ill. Adm. Code 520

3) Section Numbers: Adopted Action:

520.900 Amendment

520.930 Amendment

520.1100 New Section

520.1110 New Section

520.1120 New Section

520.1130 New Section

520.1140 New Section

4) Statutory Authority: Implementing Sections 1d, 1i, and 1j of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1989, ch. 120, pars. 440d, 440i, and 440j, as amended by P.A. 86-1456, effective December 12, 1990 and authorized by Sections 1d and 1i of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1989, ch. 120, pars. 440d and 440i) and Section 46.42 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989, ch. 127, par. 46.42).

5) Effective Date of Amendments: December 20, 1991

6) Does this rulemaking contain an automatic repeal date? No.

7) Do these amendments contain incorporations by reference? No.

8) Date Filed in Agency's Principal Office: December 17, 1991.

9) Notice of Proposal Published in Illinois Register: July 5, 1991 - 15 Ill. Reg. 9787

10) Has JCAR issued a Statement of Objections to these amendments? No.

11) Differences between proposal and final version: Updated the table of contents and main source note to reflect changes adopted for another rulemaking which was adopted after this rulemaking was proposed.

Section 520.900

In line 12 of the definition of "Eligible investment", changed "purposes" to "purpose".

Section 520.1100

Added the following definition after "Act" which reads: "Business enterprise", for purpose of determining whether the minimum eligible investment has been made at the High Impact Service Facility, means the taxpayer and any related corporation. For purposes of this definition, related corporation" includes any wholly-owned subsidiary of the taxpayer, any corporation which wholly owns the taxpayer, or any

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Section 520.1140

Added a period to the end of the section.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? No agreements between the department and JCAR were necessary to resolve JCAR questions concerning this rulemaking. However, several technical changes were made at JCAR's request.

- 13) Will these amendments replace an emergency amendment currently in effect? No.

- 14) Are there any amendments pending on this Part? No.

- 15) Summary and Purpose of Amendments: The amendments to Section 520.900 update the statutory citations and clarify or correct definitional language.

The proposed amendment to Section 520.930 allows the department, in accordance with P.A. 86-1456, to certify eligible high impact businesses in the process of graphic arts for the machinery and equipment sales tax exemption.

Proposed Sections 520.1100 et seq. (Subpart K) allow the department to certify eligible high impact service facilities for a sales tax exemption under the Retailers' Occupation Tax Act for the purchase of machinery or equipment used in the operation of high impact service facilities.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Mr. Norman Sims, Bureau Chief
Department of Commerce and Community Affairs
Bureau of Policy Development, Planning & Research
620 East Adams Street, 2nd floor
Springfield, Illinois 62701
(217) 524-4068

The full text of the Adopted Amendments begins on the next page:

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TITLE 14: COMMERCE

SUBTITLE C: ECONOMIC DEVELOPMENT

CHAPTER I: DEPARTMENT OF COMMERCE AND COMMUNITY AFFAIRS

PART 520

ENTERPRISE ZONE PROGRAM

SUBPART A: DEFINITIONS

Section
520.100

Definitions

SUBPART B: APPLICATION AND CERTIFICATION

Section
520.200
520.210
520.220
520.230
520.240
520.250

Eligible Applicants
Eligibility Criteria
Form of Application
Application Procedures
Joint Application
Application Evaluation and Ranking

SUBPART C: AMENDMENT AND DECERTIFICATION

Section
520.300
520.310
520.315
520.320

Application Overview
Boundary Changes
Application to Change Incentives, Alter Termination Date, and Make Technical Corrections
Decertification

SUBPART D: DESIGNATED ZONE ORGANIZATIONS

Section
520.400
520.410
520.420

General
Project Eligibility and Approval
Charitable Contributions

SUBPART E: LOCAL RESPONSIBILITIES

Section
520.500
520.510

Reporting and Monitoring
Administration

SUBPART F: TAX INCENTIVES

Section
520.600

Jobs Tax Credit

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SUBPART G: HIGH IMPACT BUSINESSES IN ILLINOIS

Section 520.700 Definitions
 520.710 Eligible Applicants
 520.720 Eligibility Criteria
 520.730 Form of Application
 520.740 Application Review and Approval
 520.750 Revocation of the High Impact Business Designation

SUBPART H: INVESTMENT TAX CREDIT CARRY-FORWARD

Section 520.800 Definitions (Repealed)
 520.810 Eligibility Criteria (Repealed)
 520.820 Form of Application (Repealed)
 520.830 Application Review and Approval Process (Repealed)

SUBPART I: MACHINERY AND EQUIPMENT/POLLUTION
CONTROL FACILITIES SALES TAX EXEMPTION

Section 520.900 Definitions
 520.910 Eligibility Criteria
 520.920 Form of Application
 520.930 Application Review and Approval Process

SUBPART J: ENTERPRISE ZONE UTILITY TAX EXEMPTION

Section 520.1000 Definitions
 520.1010 Eligibility Criteria
 520.1020 Form of Application
 520.1030 Application and Approval Process

SUBPART K: HIGH IMPACT SERVICE FACILITY MACHINERY AND EQUIPMENT SALES TAX
EXEMPTION

Section 520.1100 Definitions
 520.1110 Eligibility Criteria
 520.1120 Form of Application
 520.1130 Application and Approval Process
 520.1140 Use Tax Exemption

AUTHORITY: Implementing the Illinois Enterprise Zone Act (Ill. Rev. Stat. 1989, ch. 67 1/2, pars. 601 et seq., as amended by P.A. 86-1456, effective December 12, 1990); Sections 201(f), (g) and (h) of the Illinois Income Tax Act (Ill. Rev. Stat. 1989, ch. 120, pars. 2-201(f), (g), and (h)); Sections 1d-1f

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and 1i-1j of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1989, ch. 120, pars. 440d-440f and 440i-440j, as amended by P.A. 86-1456, effective December 12, 1990); and Sections 9-221, 9-222, and 9-222.1 of the Public Utilities Act (Ill. Rev. Stat. 1989, ch. 111 2/3, pars. 9-221, 9-222, and 9-222.1) and authorized by Section 46.42 of the Civil Administrative Code of Illinois (Ill. Rev. Stat. 1989, ch. 127, par. 46.42).

SOURCE: Adopted at 9 Ill. Reg. 11790, effective July 24, 1985; emergency amendments at 10 Ill. Reg. 4936, effective March 11, 1986 for a maximum of 150 days; amended at 10 Ill. Reg. 7323, effective April 18, 1986; amended at 10 Ill. Reg. 12533, effective July 7, 1986; amended at 10 Ill. Reg. 12915, effective July 22, 1986; amended at 10 Ill. Reg. 15200, effective September 8, 1986; amended at 10 Ill. Reg. 16580, effective September 24, 1986; amended at 10 Ill. Reg. 19718, effective November 6, 1986; amended at 11 Ill. Reg. 11054, effective June 5, 1987; emergency amendments at 11 Ill. Reg. 11174, effective June 8, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 16091, effective September 29, 1987; amended at 12 Ill. Reg. 4115, effective February 8, 1988; amended at 12 Ill. Reg. 11201, effective June 17, 1988; amended at 12 Ill. Reg. 17823, effective October 21, 1988; emergency amendment at 13 Ill. Reg. 16117, effective October 2, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 19936, effective December 7, 1989; amended at 14 Ill. Reg. 3445, effective February 27, 1990; amended at 15 Ill. Reg. 8683, effective May 30, 1991; amended at 16 Ill. Reg. 89, effective December 20, 1991.

SUBPART I: MACHINERY AND EQUIPMENT/POLLUTION
CONTROL FACILITIES SALES TAX EXEMPTION

Section 520.900 Definitions

The following definitions are applicable to Subpart I.

"Act" means Section 1d-1f of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1987 1989, ch. 120, pars. 440d-440f, as amended by P.A. 86-44, effective October 1, 1989, as amended by P.A. 86-1456, effective December 12, 1990).

"Department" means the Department of Commerce and Community Affairs.

"Eligible investment" shall consist of the following two categories of expenditures:

Investments in qualified property which are placed in service in an Enterprise Zone. Qualified properties are statutorily defined in Section 2-201(f) of the Illinois Income Tax Act (Ill. Rev. Stat. 1987 1989, ch. 120, par. 2-201 (f)).

Noncapital/nonroutine investments, and associated service costs (direct labor or contractual fees), placed in service in an Enterprise Zone and made for the improvement or renovation of

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qualified properties. These activities are undertaken for the purpose of improving productive capacity, efficiency, product quality or competitive position. The investments cannot be repetitious, commonplace or associated with regular maintenance expenditures, and would include, for example, rebuilt cast house furnaces, rebuilt soaking furnaces, a rebuilt hot line control system, restructured plant layout, and installed equipment to rebuild a logman baler. Noncapital/nonroutine investments are those that do not qualify for the investment tax credit pursuant to Section 2-201(f) of the Illinois Income Tax Act.

Businesses utilizing this definition must provide detailed information as set forth in Section 520.920(a) regarding the purpose, scope, justification and benefits of these noncapital/nonroutine investments, including defined project start and completion target dates, and a level of expenditures of at least \$40,000.

"Full-time employee" means a person, employed by the taxpayer or any wholly-owned subsidiary of the taxpayer, who works a minimum of 35 regular hours per week for 52 weeks for a minimum total of 1,820 hours per year. Vacations, paid holidays and sick time are included in this computation. Overtime is not considered regular hours.

"Full-time equivalent job" means the number of employees required to equal one full-time employee. For purposes of this definition, "employee" means a person who works a minimum of 35 hours per week for a minimum of 13 consecutive weeks to be counted toward full-time equivalency.

"Job creation" means at least 200 full-time equivalent employees have been hired over the number of full-time equivalent employees that were employed by the applicant as of December 31, 1985 or the date the enterprise zone was certified of the previous year, or the day of the applicant's most recently completed taxable year, whichever is later. Job titles being filled or refilled as a result of strikes cannot be computed as job creation. A majority of the "jobs created" must be made in the enterprise zone in which the eligible investment is made.

"Job retention" means: that

at least 2,000 full-time employees, a majority of which are located in the enterprise zone in which the eligible investment is made, will remain employed in Illinois as a direct result of the eligible investment and the employees would have lost their jobs had the investment not been made. The number originally retained in the enterprise zone must be retained for the duration of the exemption or that

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at least 90% of the full-time jobs in place in the enterprise zone on the date on which the exemption is granted will remain in place in the enterprise zone for the duration of the exemption. If the business utilizes full-time jobs retained at Illinois facilities outside the enterprise zone to qualify for this exemption, 90% of the total full-time jobs must also be retained for the duration of the exemption. A majority of the jobs retained must be in the enterprise zone in which the eligible investment is made.

"Minimum investment" means the amount of eligible investments which must be made to qualify for the exemption. Under the job creation criteria the minimum eligible investment which must be made in the enterprise zone is \$5 million. Under the job retention criteria the minimum eligible investment which must be made in the enterprise zone is \$40 million.

"Placed in service" means the state or condition of readiness and availability for a specifically assigned function as defined in 26 CFR 1.46-3(d). Eligible investments in qualified property as defined in Section 2-201 (f) of the Illinois Income Tax Act shall be considered placed in service on the earlier of

the date the property is placed in a condition of readiness and availability for use; or

the date on which the depreciation period of that property begins. Eligible noncapital and nonroutine investments shall be considered placed in service if eighty percent of the allocated monies have been expended.

(Source: Amended at 16 Ill. Reg. 89, effective December 20, 1991)

Section 520.930 Application Review and Approval Process

- Applications shall be submitted to the Department which shall approve or deny the application in writing within 30 days of receipt. The application shall be approved if it meets the requirements of Sections 520.910 and 520.920.
- In cases when the Department denies an application it shall specify in writing the reasons for denial and shall allow the applicant 15 days to amend and resubmit the application. Resubmitted applications shall be approved or denied in writing within 15 days of receipt.
- Applicants determined eligible by the Department, in accordance with Section 520.910, shall be issued a Certificate of Exemption. A copy of the Certificate of Exemption will be filed by the Department with the Illinois Department of Revenue in accordance with Section 1f of the Act.

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d) Subject to Section 520.910 herein, and in accordance with Section 1d of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1989, ch. 120, par. 440d, as amended by P.A. 86-1456, effective December 12, 1990) this exemption includes

- 1) all tangible personal property used or consumed in the process of manufacturing or assembling of tangible personal property for wholesale or retail sale or lease or in the process of graphic arts production;
- 2) repair and replacement parts for machinery and equipment used in the manufacturing or assembling of tangible personal property or in the process of graphic arts production for wholesale or retail sale or lease; and
- 3) equipment, manufacturing or graphic arts fuels, material and supplies for the maintenance, repair or operation of such manufacturing or assembling or graphic arts machinery or equipment.

e)† Businesses approved in accordance with this Section shall furnish to the Department not later than 90 days after the Certificate of Exemption has been issued, financial statements of the business examined by public accountants certified by the State of Illinois, in accordance with generally accepted accounting practices, containing the unqualified opinion of such public accountants that the investments in qualified property have been placed in service. In addition, the Department shall have the right to inspect and conduct its own audit of all books and records relied upon by the business to demonstrate that the eligible investments in qualified property have been placed in service. Certified businesses shall also submit information annually to the Department documenting the maintenance of the minimum job creation or job retention criterion. Certified businesses who fail to comply with this subsection shall be decertified for the tax exemption and shall repay the exempted taxes. The jobs created or retained must be documented through personnel records.

f)† All certified businesses will receive this exemption for a period of five years.

g)† At the expiration of this initial five year period, certified businesses may apply to the Department for renewals of the exemption for additional five-year time periods. The Department shall grant an exemption to a certified business for an additional five-year period provided that at the time of the application for renewal:

- 1) The following job creation/retention criteria are met:
 - A) In the case of a business certified pursuant to the job creation criterion of Section 520.910, such business has retained a minimum of 200 full-time equivalent jobs in Illinois.
 - B) In the case of a business certified pursuant to the job retention criterion of Section 520.910, such business has retained a minimum of 2,000 full-time jobs in Illinois, or

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ii) has made an eligible investment of \$40,000,000 resulting in the retention of 90% of the full-time jobs in place on the date on which the exemption is granted for the duration of the exemption.

C) A majority of the "jobs retained" must be in the Enterprise Zone in which the eligible investment is made.

2) Such business is located in an Enterprise Zone established pursuant to the Illinois Enterprise Zone Act (Ill. Rev. Stat. 1987 1989, ch. 67 1/2, pars. 601 et seq., as amended by P.A. 86-1456, effective December 12, 1990).

3) Such business provides an Audited Financial Statement including balance sheets and income statements audited according to generally accepted auditing standards by a public accountant certified in the State of Illinois. In addition, the firm's chief financial officer shall attest in writing that the firm is not aware of a condition or occurrence which would result in bankruptcy or closure.

4) This exemption shall not be allowed beyond the term of the certified Enterprise Zone.

(Source: Amended at 16 Ill. Reg. 89, effective December 20, 1991)

SUBPART K: HIGH IMPACT SERVICE FACILITY MACHINERY AND EQUIPMENT SALES TAX

EXEMPTION

Section 520.1100 Definitions

The following definitions are applicable to Subpart K.

"Act" means Sections 1i and 1j of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1989, ch. 120, pars. 440i and 440j).

"Business enterprise", for purpose of determining whether the minimum eligible investment has been made at the High Impact Service Facility, means the taxpayer and any related corporation. For purposes of this definition, "related corporation" includes any wholly-owned subsidiary of the taxpayer, any corporation which wholly owns the taxpayer, or any corporation which is wholly-owned by the same common parent corporation as the taxpayer's.

"Contractually obligated" means the business enterprise has entered into a legally binding agreement with the Department to comply with Section 1i of the Retailers' Occupation Tax Act.

"Department" means the Department of Commerce and Community Affairs.

"Eligible investments" means investments in qualified property which:

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will be placed in service at a high impact service facility located in an enterprise zone. Qualified properties are statutorily defined in Sections 201(f) of the Illinois Income Tax Act (Ill. Rev. Stat. 1989, ch. 120, par. 2-201(f)); or

are noncapital/nonroutine investments, and associated service costs (direct labor or contractual fees), which will be placed in service at a high impact service facility located in an enterprise zone and made for the improvement or renovation of qualified properties. These activities are undertaken for the purposes of improving productive capacity, efficiency, product quality or competitive position, and cannot be repetitious, commonplace or associated with regular maintenance expenditures; or

include motor driven heavy equipment, not considered rolling stock, used for transporting parcels, machinery or equipment, or are used to maintain and provide in-house services within the confines of the facility; and automated machinery and equipment used for the purposes of transporting parcels within the facility, along with all components contained in electronic control systems.

"Full-time employee" means a person, employed by the taxpayer or any wholly-owned subsidiary of the taxpayer, who works a minimum of 35 hours per week for 52 weeks for a minimum total of 1,820 hours per year. Vacations, paid holidays, and sick time are included in this computation. Overtime is not considered regular hours.

"Full-time equivalent job" means the number of employees required to equal one full-time employee employed at the High Impact Service Facility. For purposes of this definition, "employee" means a person employed by the taxpayer, any wholly-owned subsidiary of the taxpayer, any corporation which wholly owns the taxpayer, or any corporation which is wholly-owned by the same common parent corporation as the taxpayer's, irrespective of the number of hours per week or number of weeks per year worked by such person.

"High impact service facility" means a facility used primarily for the sorting, handling and redistribution of single item non-fungible parcels received from agents or employees of the handler or shipper for processing at a common location and redistribution to other employees or agents for delivery to an ultimate destination on an item-by-item basis (Section 1i of the Act).

"Job creation" means at least 1,000 full-time equivalent employees have been hired in an enterprise zone over the number of full-time equivalent employees that were employed by the applicant in the enterprise zone as of July 1, 1989 or the date the enterprise zone was

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certified, whichever is later. Job titles being filled or refilled as a result of strikes cannot be computed as job creation.

"Placed in service" means the state or condition of readiness and availability for a specifically assigned function as defined in 26 CFR 1.46-3(d). Eligible investments as defined herein shall be considered placed in service on the earlier of:

the date the property is placed in a condition of readiness and availability for use; or

the date on which the depreciation period of that property begins.

(Source: Added at 16 Ill. Reg. 89, effective December 20, 1991)

Section 520.1110 Eligibility Criteria

The business enterprise must provide a written description of a spending plan and financial commitments for the proposed eligible investment that will demonstrate to the Department that the minimum eligible investment will be placed in service and the required number of jobs will be created within eight years following the date of certification. Such information must include a detailed "project by project" description, as well as the estimated eligible investment for each specific project that obligates the business enterprise to place in service the minimum eligible investment and create the required number of jobs.

(Source: Added at 16 Ill. Reg. 89, effective December 20, 1991)

Section 520.1120 Form of Application

An application shall be submitted on the standard application form provided by the Department. An application shall include:

- Investment Information - a description of the eligible investment with documentation to substantiate that the planned investment is eligible (e.g., balance sheets, construction schedules, schematics and specifications, or lists and cost of equipment purchased); and a spending plan and financial commitments demonstrating that the business enterprise will place the investment in service within eight years after certification;
- Job Information - information on new employment that will result in the enterprise zone as a result of the investment which includes by job title(s) the number of employees; and an explanation of how and why the investment causes creation of full-time employees or full-time equivalent employees.
- Certification - a signed and dated statement verifying that the data

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and information in the application is true and correct, that the Department shall be provided access to any material, documentation or other data required to verify application information, and a statement that the number of jobs created shall be maintained for the term of the exemption.

- d) Legally Binding Agreement - a dated statement executed by the Chief Executive Officer of the business enterprise and the Director of the Department obligating the business enterprise to create 1,000 full-time or full-time equivalent jobs and place in service a minimum of \$150,000,000 in qualified property at a high impact service facility located in an enterprise zone within eight years. The agreement shall state that should the business fail to place in service the eligible investments in qualified property within eight years following certification, the business shall be decertified for the tax exemption and required to repay the exempted taxes, plus any penalties and interest as determined by the Department of Revenue. The agreement shall also state that the business shall submit quarterly progress reports describing the progress made toward the creation of 1,000 full-time or full-time equivalent jobs and the investment of \$150,000,000 in qualified property at the high impact service facility, and that failure to do so shall result in termination of the exemption.

(Source: Added at 16 Ill. Reg. 89, effective December 20, 1991)

Section 520.1130 Application and Approval Process

- a) Applications shall be submitted to the Department, which shall approve or deny the application in writing within 30 days after receipt. The application shall be approved if it meets the requirements of Sections 520.1110 and 520.1120 and the applicant has submitted a spending plan and financial commitments for the proposed eligible investment. The applicant must sign a written agreement with the Department obligating the business to place in service the eligible investments in qualified property within eight years after the date of certification. Should the business fail to place in service the eligible investments in qualified property within eight years following certification, the business shall be decertified for the tax exemption and required to repay the exempted taxes. Should the business place in service eligible investments subsequent to decertification, the business may reapply to the Department for recertification. However, this reapplication must utilize the procedures set forth in Section 520.1120, and contain the same information as required pursuant to Section 520.1110.

- b) When the Department denies an application, it shall specify in writing the reasons for denial and allow the applicant 15 days from the date of application denial to amend and resubmit the application. Resubmitted applications shall be approved or denied within 30 days

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after receipt.

- c) Applicants determined eligible by the Department in accordance with Sections 520.1110 and 520.1120 shall be issued a Certificate of Eligibility for Exemption.

- d) All certified businesses shall receive a 10-year exemption from the tax imposed by Section 2 of the Retailers' Occupation Tax Act (Ill. Rev. Stat. 1989, ch. 120, par. 441) on purchases of machinery and equipment used in the operation of a high impact service facility, as provided in Section 1j of the Retailers' Occupation Tax Act.

- e) All certified businesses shall submit quarterly reports describing the progress made toward the creation of 1,000 full-time or full-time equivalent jobs and the investment of \$150,000,000 in qualified property at the high impact service facility.

- f) At the expiration of this initial 10-year period, certified businesses may apply to the Department for a renewal of the exemption for an additional 10-year time period. The Department shall grant an exemption to a certified business for an additional 10-year period provided that at the time of application for renewal:

- 1) Such business has created a minimum of 1,000 full-time or full-time equivalent jobs in Illinois.

- 2) Such business is located in an enterprise zone established pursuant to the Illinois Enterprise Zone Act (Ill. Rev. Stat. 1989, ch. 67 1/2, pars. 601 et seq., as amended by P.A. 86-1456, effective December 12, 1990).

- 3) Such business provides an audited Financial Statement, including balance sheets and income statements, audited according to generally accepted auditing standards by a public accountant certified in the State of Illinois. In addition, the firm's chief financial officer shall attest in writing that the firm is not aware of a condition or occurrence which would result in bankruptcy or closure.

- 4) The total period of the exemption from the taxes imposed under the Act shall not exceed 20 years.

(Source: Added at 16 Ill. Reg. 89, effective December 20, 1991)

Section 520.1140 Use Tax Exemption

Pursuant to Section 12 of the Use Tax Act (Ill. Rev. Stat. 1989, ch. 120, par. 439.12, as amended by P.A. 86-1490, effective January 14, 1991) each facility certified under this Subpart is also eligible for the use tax exemption described in the Use Tax Act (Ill. Rev. Stat. 1989, ch. 120, par. 439.1 et seq., as amended by P.A. 86-1490, effective January 14, 1991).

(Source: Added at 16 Ill. Reg. 89, effective December 20, 1991)

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENTS

- 1) HEADING OF THE PART: Illinois List of Endangered and Threatened Fauna
- 2) CODE CITATION: 17 Ill. Adm. Code 1010
- 3) SECTION NUMBERS: 1010.30 ADOPTED ACTION: Amendments
- 4) STATUTORY AUTHORITY: Implementing and authorized by Section 7 of the Illinois Endangered Species Protection Act (Ill. Rev. Stat. 1989, ch. 8, par. 337).
- 5) EFFECTIVE DATE OF AMENDMENTS: December 20, 1991
- 6) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No
- 7) DO THESE AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No
- 8) DATE FILED IN AGENCY'S PRINCIPAL OFFICE: December 19, 1991
- 9) NOTICE OF PROPOSAL PUBLISHED IN ILLINOIS REGISTER: September 20, 15 Ill. Reg. 13594
- 10) HAS JCAR ISSUED A STATEMENT OF OBJECTIONS TO THESE RULES: No
- 11) DIFFERENCES BETWEEN PROPOSAL AND FINAL VERSION: None
- 12) HAVE ALL THE CHANGES AGREED UPON BY THE AGENCY AND JCAR BEEN MADE AS INDICATED IN THE AGREEMENT LETTER ISSUED BY JCAR? Yes
- 13) WILL THESE AMENDMENTS REPLACE AN EMERGENCY RULE (AMENDMENT, REPEALER) CURRENTLY IN EFFECT? No
- 14) ARE THERE ANY AMENDMENTS PENDING ON THIS PART? No
- 15) SUMMARY AND PURPOSE OF AMENDMENTS: Amendments include changes recently enacted by the Endangered Species Protection Board, the addition of species to the federal list, and to show current nomenclature of listed species.
- 16) INFORMATION AND QUESTIONS REGARDING THESE ADOPTED AMENDMENTS SHALL BE DIRECTED TO:

Don Woods
Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787

THE FULL TEXT OF THE ADOPTED AMENDMENTS BEGINS ON THE NEXT PAGE:

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF CONSERVATION
SUBCHAPTER c: ENDANGERED SPECIES

PART 1010

ILLINOIS LIST OF ENDANGERED AND THREATENED FAUNA

Section	
1010.10	Official List
1010.20	Definitions
1010.25	Criteria Used for Listing
1010.30	List

AUTHORITY: Implementing and authorized by Section 7 of the Illinois Endangered Species Protection Act (Ill. Rev. Stat. 1989, ch. 8, par. 337).

SOURCE: Filed December 21, 1977, effective December 31, 1977; codified at 5 Ill. Reg. 10653; amended at 8 Ill. Reg. 13705, effective July 25, 1984; amended at 13 Ill. Reg. 4179, effective March 17, 1989; amended at 16 Ill. Reg. 103, effective December 20, 1991.

Section 1010.30 List

a) ENDANGERED FISHES OF ILLINOIS

Northern Brook Lamprey	Ichthyomyzon fossor
Pallid Sturgeon	Scaphirhynchus albus**
Bigeye Chub	Hybopsis Notropis amblops
Pallid Shiner (Hubb)	Notropis (Hybopsis) amnis
Pugnose Shiner	Notropis anogenus
Bluehead Shiner	Notropis hubbsi
Weed Shiner	Notropis texanus
Cypress Minnow	Hybognathus hayi
Greater Redhorse	Moxostoma valenciennesi
Northern Madtom	Noturus stigmosus
Western Sand Darter	Ammocrypta clara
Eastern Sand Darter	Ammocrypta pellucida
Bluebreast Darter	Etheostoma camurum
Harlequin Darter	Etheostoma histrio

b) THREATENED FISHES OF ILLINOIS

Least Brook Lamprey	Lampetra aepyptera
Lake Sturgeon	Acipenser fulvescens
Alligator Gar	Lepisosteus spatula
Cisco	Coregonus artedii artedii
Lake Whitefish	Coregonus clupeaformis
Bigeye Shiner	Notropis boops
Ironcolor Shiner	Notropis chalybaeus

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Blackchin Shiner
Blacknose Shiner
River Redhorse
Longnose Sucker
Banded Killifish
Spotted Sunfish
Bantam Sunfish
Iowa Darter

Notropis heterodon
Notropis heterolepis
Moxostoma carinatum
Catostomus catostomus
Fundulus diaphanus
Lepomis punctatus
Lepomis symmetricus
Etheostoma exile

c) ENDANGERED AMPHIBIANS AND REPTILES OF ILLINOIS

Silvery Salamander
Dusky Salamander
Illinois Mud Turtle
Spotted Turtle
Slender River Cooter
Broad-banded Watersnake
Eastern Ribbon Snake

Ambystoma platineum
Desmognathus fuscus
Kinosternon flavescens
Clemmys guttata
Pseudemys concinna
Nerodia fasciata
Thamnophis sauritus

d) THREATENED AMPHIBIANS AND REPTILES OF ILLINOIS

Illinois Chorus Frog
Western Hog-nose Hognose
Snake
Coachwhip Snake
Great Plains Rat Snake
Green Watersnake

Pseudacris streckeri
Heterodon nasicus
Masticophis flagellum
Elaphe guttata emoryi
Nerodia cyclopion

e) ENDANGERED BIRDS OF ILLINOIS

Pied-billed Grebe
Double-crested Cormorant
American Bittern
Least Bittern
Great Egret
Snowy Egret
Little Blue Heron
Black-crowned Night Heron
Osprey
Mississippi Kite
Bald Eagle**
Northern Harrier (Marsh Hawk)
Sharp-shinned Hawk
Cooper's Hawk
Red-shouldered Hawk
Swainson's Hawk
Peregrine Falcon**
Greater Prairie Chicken
Yellow Rail

Podilymbus podiceps
Phalacrocorax auritus
Botaurus lentiginosus
Ixobrychus exilis
Casmerodius albus
Egretta thula
Egretta caerulea
Nycticorax nycticorax
Pandion haliaetus
Ictinia mississippiensis
Haliaeetus leucocephalus
Circus cyaneus
Accipiter striatus
Accipiter cooperii
Buteo lineatus
Buteo swainsoni
Falco peregrinus
Tymanuchus cupido
Coturnicops noveboracensis

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Black Rail
Purple Gallinule
Sandhill Crane
Piping Plover**
Upland Sandpiper
Wilson's Phalarope
Common Tern
Forster's Tern
Least Tern**
Black Tern
Barn Owl
Long-eared Owl
Short-eared Owl
Bewick's Wren
Swainson's Warbler
Bachman's Sparrow
Clay-colored Sparrow
Yellow-headed Blackbird

Laterallus jamaicensis
Porphyrio martinica
Grus canadensis
Charadrius melodus
Bartramia longicauda
Phalaropus tricolor
Sterna hirundo
Sterna forsteri
Sterna antillarum
Chlidonias niger
Tyto alba
Asio otus
Thryomanes bewickii
Limothlypis swainsonii
Aimophila aestivalis
Spizella pallida
Xanthocephalus xanthocephalus

f) THREATENED BIRDS OF ILLINOIS

Common Moorhen
Brown Creeper
Veery
Loggerhead Shrike
Henslow's Sparrow
Brewer's Blackbird

Gallinula chloropus
Certhia americana
Catharus fuscescens
Lanius ludovicianus
Ammodramus henslowii
Euphagus cyanocephalus

g) ENDANGERED MAMMALS OF ILLINOIS

Southeastern Myotis
Gray Bat**
Indiana Bat**
Rafinesque's Big-eared Bat
River Otter
Eastern Wood Rat
White-tailed Jackrabbit

Myotis austroriparius
Myotis grisescens
Myotis sodalis
Plecotus rafinesquii
Lutra canadensis
Neotoma floridana
Lepus townsendii

h) THREATENED MAMMALS OF ILLINOIS

Bobcat
Golden Mouse
Rice Rat

Lynx rufus
Ochrotomys nuttalli
Oryzomys palustris

i) ENDANGERED INVERTEBRATE ANIMALS OF ILLINOIS

Iowa Pleistocene Snail**
Mussels

Snails
Discus macclintockii

DEPARTMENT OF CONSERVATION

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Spectacle Case	Cumberlandia monodonta
Slippershell	Alasmidonta viridis
Salamander Mussel	Simpsoniata ambigua
Rabbitsfoot	Quadrula cylindrica
White Wartyback Pearly Mussel**	Plethobasus cicatricosus
Orange-footed Pearly Mussel**	Plethobasus cooperianus
Clubshell	Pleurobema clava
Rough Pigtoe**	Pleurobema plenum
Kidneyshell	Ptychobranthus fasciolaris
Fanshell**	Cyprogenia stegria
Ring Pink**	Obovaria retusa
Round Hickorynut	Obvaria subrotunda
Scaleshell	Leptodea leptodon
Fat Pocketbook**	Potamilus capax
Purple Lilliput	Toxolasma lividus
Rayed Bean	Villosa fabalis
Rainbow	Villosa iris
Little Spectacle Case	Villosa lienosa
Wavy-rayed Lampmussel	Lampsilis fasciola
Higgins' Eye Pearly Mussel**	Lampsilis higginsii
Pink Mucket Pearly Mussel**	Lampsilis orbiculata
Leafshell	Epioblasma flexuosa
Round Combshell	Epioblasma personata
Tennessee Riffleshell	Epioblasma propinqua
White Cat's Paw Pearly Mussel*	Epioblasma obliquata perobliqua
Sampson's Pearly Mussel	Epioblasma sampsoni
Tubercled-blossom Pearly Mussel**	Epioblasma torulosa torulosa
Cracking Pearlymussel**	Epioblasma triquetra
Crustaceans	Hemistena lata
Amphipod	Crangonyx anomalus
Amphipod	Crangonyx antennatus
Amphipod	Crangonyx packardii
Amphipod	Gammarus acherondytes
Amphipod	Stygobromus iowae
Crayfish	Orconectes indianensis
Crayfish	Orconectes kentuckiensis
Crayfish	Orconectes lancifer
Crayfish	Orconectes placidus
Isopod	Caecidotea leslei
Dragonflies	Somatochlora hineana
Hine's Bog Skimmer	Papaipema eryngii
Butterflies and Moths	Atrytone arogos
Eryngium Stem Borer	
Arogos Skipper	

j) THREATENED INVERTEBRATE ANIMALS OF ILLINOIS

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Creek Heelsplitter	Mussels
Sheepnose	Lasmigona compressa
Elephant-ear	Plethobasus cyphus
Pondhorn	Elliptio crassidens
	Uniomereus tetralasmus
Amphipod	Gammarus bousfieldi
Butterflies	Hesperia metea
Cobweb Skipper	Hesperia ottoe
Ottoe Skipper	

(Source: Amended at 16 Ill. Reg. 103, effective December 20, 1991)

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED RULES

1) HEADING OF THE PART: The Taking of Reptiles and Amphibians

2) CODE CITATION: 17 Ill. Adm. Code 880

3) SECTION NUMBERS: ADOPTED ACTION:

880.10	New Section
880.20	New Section
880.30	New Section
880.40	New Section
880.50	New Section

4) STATUTORY AUTHORITY: Implementing and authorized by Sections 3.6, 3.7, 3.12, 3.24 and 5.1 of the Fish Code of 1971 (Ill. Rev. Stat. 1989, ch. 56, pars. 3.6, 3.7, 3.12, 3.24 and 5.1) and P.A. 86-1453, effective December 12, 1991.

5) EFFECTIVE DATE OF RULES: December 20, 1991

6) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No

7) DO THESE RULES CONTAIN INCORPORATIONS BY REFERENCE? No

8) DATE FILED IN AGENCY'S PRINCIPAL OFFICE: December 19, 1991

9) NOTICE OF PROPOSAL PUBLISHED IN ILLINOIS REGISTER: September 20, 1991, 15 Ill. Reg. 13603

10) HAS JCAR ISSUED A STATEMENT OF OBJECTIONS TO THESE RULES: No

11) DIFFERENCES BETWEEN PROPOSAL AND FINAL VERSION: The effective date of P.A. 86-1453 was changed from December 13, 1991 to July 1, 1991.

12) HAVE ALL THE CHANGES AGREED UPON BY THE AGENCY AND JCAR BEEN MADE AS INDICATED IN THE AGREEMENT LETTER ISSUED BY JCAR? Yes

13) WILL THIS RULE REPLACE AN EMERGENCY RULE (AMENDMENT, REPEALER) CURRENTLY IN EFFECT? No

14) ARE THERE ANY AMENDMENTS PENDING ON THIS PART? No

15) SUMMARY AND PURPOSE OF RULES: This rule prohibits commercial use of reptiles and amphibians taken from the wild; defines methods of taking reptiles and amphibians; and establishes daily catch and possession limits for amphibians and reptiles.

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED RULES

16) INFORMATION AND QUESTIONS REGARDING THESE ADOPTED RULES SHALL BE DIRECTED TO:

Don Woods
Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787

THE FULL TEXT OF THE ADOPTED RULES BEGINS ON THE NEXT PAGE:

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED RULES

TITLE 17: CONSERVATION
CHAPTER 1: DEPARTMENT OF CONSERVATION
SUBCHAPTER b: FISH AND WILDLIFE

PART 880

THE TAKING OF REPTILES AND AMPHIBIANS

Section

- 880.10 Prohibition of Commercial Use
- 880.20 Methods of Taking and Capture
- 880.30 Daily Catch and Possession Limits
- 880.40 Captive Born Reptiles and Amphibians
- 880.50 Protection of Habitat

AUTHORITY: Implementing and authorized by Section 3.6, 3.7, 3.12, 3.24 and 5.1 of the Fish Code of 1971 (Ill. Rev. Stat. 1989, ch. 56, pars. 3.6, 3.7, 3.12, 3.24 and 5.1) and P.A. 86-1453, effective July 1, 1991.

SOURCE: Adopted at 16 Ill. Reg. 109, effective December 20, 1991.

Section 880.10 Prohibition of Commercial Use

It is unlawful to take, possess, buy, sell, offer to buy or sell or barter any reptile, amphibian, or their eggs or parts taken from the wild in Illinois for commercial purposes unless otherwise authorized by statute.

Section 880.20 Methods of Taking and Capture

- a) Only those persons who hold a valid sport fishing license may take or attempt to take turtles and/or frogs (Ill. Rev. Stat. 1989, ch. 56, par. 5.1).
- b) Turtles may be taken only by hand, hook and line, or dip net.
- c) Bullfrogs may be taken only by hook and line, gig, spear, bow and arrow, hand, or dip net.
- d) No person shall take or possess any species of reptile or amphibian listed as endangered or threatened in Illinois (17 Ill. Adm. Code 1010), except as provided by 17 Ill. Adm. Code 1070.
- e) All other species of reptiles and amphibians may be captured by any device or method which is not designated or intended to bring about the death or serious injury of the animals captured. This shall not restrict the use of legally taken reptiles or amphibians as bait by anglers.
- f) Any captured reptiles or amphibians which are not to be retained in the possession of the captor shall be immediately released at the site of capture.

Section 880.30 Daily Catch and Possession Limits

DEPARTMENT OF CONSERVATION

NOTICE OF ADOPTED RULES

The daily catch limit for reptiles is eight (8) of each species and for amphibians is eight (8) of each species. The possession limit for reptiles is sixteen (16) of each species and for amphibians is sixteen (16) of each species.

Section 880.40 Captive Born Reptiles and Amphibians

Captive born offspring of a legally held reptile or amphibian, not intended for commercial purposes, is exempt from the possession limits of Section 880.30 for a period of ninety (90) days.

Section 880.50 Protection of Habitat

Habitat features which are disturbed in the course of a search for reptiles and amphibians shall be returned to as near their original position and condition as possible; e.g., overturned stones and logs shall be restored to their original locations.

DEPARTMENT OF EMPLOYMENT SECURITY

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NOTICE OF ADOPTED AMENDMENT(S)

1) Heading of the Part: Administrative Hearings And Appeals

2) Code Citation: 56 Ill. Adm. Code 2725

3) Section Number: Adopted Action:
2725.237 New Section

4) Statutory Authority: Ill. Rev. Stat. 1999, ch. 48, pars.
451, 452, 453, 456, 571, 571.1, 572, 572.1, 578, 579, 580,
610, 611, 680, 681, 683, 700, 702, 703, 704 and 705.

5) Effective Date of the Amendment: December 23, 1991.

6) Does this rulemaking contain an automatic repeal date? No.

7) Does this Rule contain an incorporation by reference? No.

8) Date filed in Agency's Principal Office: December 23, 1991.

9) Notice of Proposal published in Illinois Register:
September 13, 1991 at 15 Ill. Reg. 13252.

10) Has JCAR issued a Statement of Objection to these Rules? No.

11) Difference between proposal and final version: No changes
have been made.

12) Have all the changes agreed upon by the Agency and JCAR been
made as indicated in the agreement letter issued by JCAR?
Yes.

13) Will this replace an emergency rule currently in effect? No.

14) Are there any amendments pending on this Part? Yes.

Section Numbers	Proposed Action	Ill. Reg. Citation
2725.105	Amended Section	15 Ill. Reg. 14014 (September 27, 1991)
2725.115	Amended Section	15 Ill. Reg. 14014 (September 27, 1991)

15) Summary and purpose of the rules: There are times, for
example, when it is clear that a worker is employed in
covered employment, but there is a controversy as to which of

DEPARTMENT OF EMPLOYMENT SECURITY

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NOTICE OF ADOPTED AMENDMENT(S)

more than one entity is the worker's employer. In order to avoid the possible inconsistency of two Director's Representatives either deciding, at separate hearings, that more than one or no employer is the worker's employer, this rule would allow the Department to add additional entities as parties without the need for issuing separate decisions and then consolidating cases. Where, for example, one employer, for whatever reason, wants to be held to be the employer and has already paid all contributions due for the wages paid to the worker, consolidation is not even possible because there is no issue with respect to that employer, i.e. it has paid its contributions and is not seeking a refund.

16) Information and Questions regarding these Adopted Amendments may be addressed to:

Stella Adams Cuthbert, Commissioner
Illinois Department of Employment Security
401 South State Street - 2 South
Chicago, Illinois 60605
312/793-4240

The full Text of the Adopted Amendments begins on the next page:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 56: LABOR AND EMPLOYMENT

CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY

SUBCHAPTER a: GENERAL PROVISIONS

PART 2725

ADMINISTRATIVE HEARINGS AND APPEALS

SUBPART A: GENERAL PROVISIONS

Section

2725.1 Definitions
 2725.3 Burden Of Proof
 2725.5 Designation Of Agents
 2725.10 Computation Of Time
 2725.15 Disqualification Of Agency Employee
 2725.20 Request For Clarification
 2725.25 Form Of Papers Filed

SUBPART B: FILING OF APPLICATIONS AND CLAIMS FOR RELIEF

2725.100 Application For Revision Of Statement Of Benefit Wages Or Of Statement Of Benefit Charges
 2725.105 Application For Review Of Rate Determination
 2725.110 Protest Of Determination And Assessment
 2725.115 Claim For Adjustments (Credits) And Refunds
 2725.120 Application For Cancellation Of Benefit Wages Or Benefit Charges Due To Lack Of Notice

SUBPART C: APPEAL TO DIRECTOR'S REPRESENTATIVE

2725.200 Filing Of Appeal
 2725.205 Pre-Hearing Conference
 2725.210 Notice Of Hearing
 2725.215 Preparation For The Hearing
 2725.220 Telephone Hearings
 2725.225 Ex Parte (One Party Only) Communications
 2725.230 Subpoenas
 2725.232 Depositions
 2725.235 Consolidation Or Severance Of Proceedings
 2725.237 Adding Necessary Parties
 2725.240 Withdrawal Of Petition For Hearing
 2725.245 Continuances
 2725.250 Conduct Of Hearing
 2725.255 Rules Of Evidence
 2725.260 Oral Argument-Memoranda-Post Hearing Documents
 2725.265 The Record
 2725.270 Recommended Decision

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

2725.275 Objections To Recommended Decision
 2725.280 Decision Of Director

AUTHORITY: Implementing and authorized by Sections 701, 702, 703, 706, 1501, 1502, 1502.1, 1508, 1509, 1510, 1700, 1701, 2200, 2201, 2203, 2300, 2301, 2302, 2304 and 2305 of the Unemployment Insurance Act (Ill. Rev. Stat. 1989, ch. 48, pars. 451, 452, 453, 456, 571, 571.1, 572, 572.1, 578, 579, 580, 610, 611, 680, 681, 683, 700, 702, 703, 704 and 705.

SOURCE: Adopted at 11 Ill. Reg. 11065, effective July 1, 1987; amended at 12 Ill. Reg. 14653, effective September 6, 1988; amended at 12 Ill. Reg. 16060, effective September 23, 1988; emergency amendments at 13 Ill. Reg. 11872, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 17383, effective October 30, 1989; amended at 14 Ill. Reg. 5126, effective March 22, 1990; amended at 16 Ill. Reg. 113_____, effective December 23, 1991.

SUBPART C: APPEAL TO DIRECTOR'S REPRESENTATIVE

Section 2725.237 Adding Necessary Parties

a) The Director's Representative shall add one or more additional parties whenever he finds that it is necessary for the proper disposition of a case. Such additional party or parties shall be given reasonable notice of this action and an opportunity to be heard.

Example: The Director issues a Determination and Assessment based on a finding that Employer A has failed to report and pay contributions on wages that it paid to Mr. Smith. Employer A contends that it did not employ Mr. Smith but that he was employed instead by Employer B. Employer B, which has a lower contribution rate than Employer A, reported the wages of Mr. Smith and paid contributions on those wages so that it is not possible to make a Determination and Assessment against Employer B and then to consolidate the cases. If the Director's Representative finds that it is necessary for the proper disposition of the case, he shall add Employer B as a party, and Employer B shall be given reasonable notice and an opportunity to be heard.

DEPARTMENT OF EMPLOYMENT SECURITY

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- b) Whenever an employing unit believes that it should be added as an additional party in a case pending before the Director's Representative but the Director's Representative has not done so, it shall file a Motion to Intervene. Such Motion shall include arguments in support of such Motion. If the Director's Representative finds that the addition of the employing unit is necessary for the proper disposition of the case, it shall be added as a party. If the Director's Representative finds that the addition of the employing unit is not necessary for the proper disposition of the case, the Motion shall be denied and the reasons therefore noted in the record.

(Source: Added at 16 Ill. Reg. 113, effective December 23, 1991)

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

- 1) Heading of the Part: Determination Of Unemployment Contributions
- 2) Code Citation: 56 Ill. Adm. Code 2770
- 3) Section Number: Adopted Action:
2770.110 Amended Section
- 4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 48, pars. 570, 571, 573, 576.1, 576.2, 576.3, 578.1, 610 and 611.
- 5) Effective Date of the Amendment: December 20, 1991.
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Does this Rule contain an incorporation by reference? No.
- 8) Date filed in Agency's Principal Office: December 21, 1991.
- 9) Notice of Proposal published in Illinois Register: September 13, 1991 at 15 Ill. Reg. 13257.
- 10) Has JCAR issued a Statement of Objection to these Rules? No.
- 11) Difference between proposal and final version: None.
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes.
- 13) Will this replace an emergency rule currently in effect? No.
- 14) Are there any amendments pending on this Part? No.
- 15) Summary and purpose of the rules: The proposed amendment to Part 2770 announces the 1992 contribution rates for newly liable employers by classification within their Standard Industrial Code. In keeping with our commitment to the Joint Committee on Administrative Rules, we are also repealing the rates for 1986 as they are no longer needed.
- 16) Information and Questions regarding these Adopted Amendments may be addressed to:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

Stella Adams Cuthbert, Commissioner
 Illinois Department of Employment Security
 401 South State Street - 2 South
 Chicago, Illinois 60605
 312/793-4240

The full text of the Adopted Amendment begins on the next page:

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 56: LABOR AND EMPLOYMENT
 CHAPTER IV: DEPARTMENT OF EMPLOYMENT SECURITY
 SUBCHAPTER C: RIGHTS AND DUTIES OF EMPLOYERS

PART 2770

DETERMINATION OF UNEMPLOYMENT CONTRIBUTIONS

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section
 2770.100
 2770.105
 2770.110

Industrial Classification
 Contribution Rate For Non Experience-Rated Employers
 Average Contribution Rates By Standard Industrial Classification (SIC) Codes

SUBPART C: ALTERNATIVE BENEFIT WAGE RATIO (Repealed)

2770.150
 2770.155
 2770.160
 2770.165
 2770.170

Eligibility To Elect The Alternative Benefit Wage Ratio (Repealed)
 Approval Of Election Of The Alternative Benefit Wage Ratio (Repealed)
 Adjustment Of The Benefit Wage Charges And The Determination Of The Alternative Benefit Wage Ratio (Repealed)
 Revocation Of Election Of Alternative Benefit Wage Ratio (Repealed)
 Appeals (Repealed)

SUBPART E: TRANSFER OF BENEFIT WAGES FROM BASE PERIOD TO SUBSEQUENT EMPLOYER (Repealed)

2770.400
 2770.405
 2770.410
 2770.415
 2770.420

Definitions (Repealed)
 Application Of Base Period Wages (Repealed)
 Restriction On Benefit Wage Transfers (Repealed)
 Benefit Wage Transfer Procedural Requirements (Repealed)
 Petition For Hearing (Repealed)

SUBPART F: BENEFIT WAGE CANCELLATIONS

2770.501
 2770. Table A

Effective Date Of Benefit Wage Cancellations Pursuant To Section 1508.1 Of The Act
 General SIC Classification

AUTHORITY: Implementing and authorized by Sections 1500, 1501, 1503, 1506.1, 1506.2, 1506.3, 1508.1, 1700 and 1701 of the Unemployment Insurance Act (Ill. Rev. Stat. 1989, ch. 48, pars. 570, 571, 573, 576.1, 576.2, 576.3, 578.1, 610 and 611).

DEPARTMENT OF EMPLOYMENT SECURITY
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SOURCE: Emergency rules adopted as 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 550, effective January 1, 1984, for a maximum of 150 days; adopted at 8 Ill. Reg. 8208, effective May 30, 1984; reclassified from 56 Ill. Adm. Code 600: Subpart C at 8 Ill. Reg. 15030; emergency amendments at 8 Ill. Reg. 15088, effective August 8, 1984, for a maximum of 150 days; emergency amendments at 8 Ill. Reg. 22139, effective October 26, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 24117, effective November 30, 1984; amended at 9 Ill. Reg. 4507, effective March 25, 1985; amended at 10 Ill. Reg. 6935, effective April 14, 1986; amended at 10 Ill. Reg. 21683, effective December 15, 1986; amended at 11 Ill. Reg. 9878, effective May 11, 1987; emergency amendments at 12 Ill. Reg. 210, effective January 1, 1988, for a maximum of 150 days, expired May 30, 1988; amended at 12 Ill. Reg. 11213, effective June 20, 1988; amended at 12 Ill. Reg. 12473, effective July 15, 1988; amended at 12 Ill. Reg. 18143, effective October 27, 1988; amended at 12 Ill. Reg. 20477, effective November 28, 1988; amended at 13 Ill. Reg. 11507, effective June 29, 1989; amended at 14 Ill. Reg. 2038, effective January 19, 1990; amended at 14 Ill. Reg. 18280, effective October 30, 1990; amended at 15 Ill. Reg. 172, effective December 28, 1990; amended at 15 Ill. Reg. 8553, effective May 24, 1991; amended at 16 Ill. Reg. 118, effective December 20, 1991

SUBPART B: STANDARD INDUSTRIAL CLASSIFICATION

Section 2770.110 Average Contribution Rates By Standard Industrial Classification (SIC) Codes

- a) The average contribution rate for each Economic Division, excluding the applicable emergency rate, for calendar year 1986, as determined by the application of Section 2770.105(a)(3), shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3-3%
10-14	B. Mining	3-7%
15-17	C. Construction	4-6%
20-39	D. Manufacturing	3-6%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	3-4%
50-51	F. Wholesale Trade	2-6%
52-59	G. Retail Trade	2-8%
60-67	H. Finance, Insurance, Real Estate	1-7%

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70-89 I. Services 2-1%

91-97 J. Public Administration 2-5%

99 K. Nonclassifiable Establishments 2-2%

- b) The average contribution rate for each Economic Division, excluding the applicable emergency rate, for calendar year 1987, as determined by the application of Section 2770.105(b)(3), shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3-3%
10-14	B. Mining	3-9%
15-17	C. Construction	4-4%
20-39	D. Manufacturing	3-3%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	3-2%
50-51	F. Wholesale Trade	2-5%
52-59	G. Retail Trade	2-6%
60-67	H. Finance, Insurance, Real Estate	1-6%
70-89	I. Services	2-0%
91-97	J. Public Administration	2-3%
99	K. Nonclassifiable Establishments	2-0%

- cb) The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1988, as determined by the application of Section 2770.105(c)(3) of this Part shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3-4%
10-14	B. Mining	4-6%
15-17	C. Construction	4-5%
20-39	D. Manufacturing	3-2%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	3-2%
50-51	F. Wholesale Trade	2-4%
52-59	G. Retail Trade	2-5%

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60-67	H.	Finance, Insurance, Real Estate	1.5%
70-89	I.	Services	1.9%
91-97	J.	Public Administration	2.1%
99	K.	Nonclassifiable Establishments	2.1%

ed)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1989, as determined by the application of Section 2770.105(d)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.4%
10-14	B. Mining	4.8%
15-17	C. Construction	4.2%
20-39	D. Manufacturing	2.9%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	3.0%
50-51	F. Wholesale Trade	2.2%
52-59	G. Retail Trade	2.3%
60-67	H. Finance, Insurance, Real Estate	1.4%
70-89	I. Services	1.7%
91-97	J. Public Administration	2.5%
99	K. Nonclassifiable Establishments	1.9%

ed)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1990, as determined by the application of Section 2770.105(d)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.3%
10-14	B. Mining	4.7%
15-17	C. Construction	4.1%
20-39	D. Manufacturing	2.7%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	2.8%

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50-51	F.	Wholesale Trade	2.0%
52-59	G.	Retail Trade	2.1%
60-67	H.	Finance, Insurance, Real Estate	1.4%
70-89	I.	Services	1.6%
91-97	J.	Public Administration	2.3%
99	K.	Nonclassifiable Establishments	2.2%

fe)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1991, as determined by the application of Section 2770.105(d)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	3.1%
10-14	B. Mining	4.3%
15-17	C. Construction	3.7%
20-39	D. Manufacturing	2.2%
40-49	E. Transportation, Communication, Electric, Gas, Sanitary Services	2.5%
50-51	F. Wholesale Trade	1.7%
52-59	G. Retail Trade	1.8%
60-67	H. Finance, Insurance, Real Estate	1.3%
70-89	I. Services	1.5%
91-97	J. Public Administration	2.0%
99	K. Nonclassifiable Establishments	2.1%

fl)

The average contribution rate for each Economic Division, excluding the fund building rate as set forth in Section 1506.3 of the Act, for calendar year 1992, as determined by the application of Section 2770.105(d)(4) of this Part, shall be:

Digits	Economic Division	Rate
01-09	A. Agriculture, Forestry, Fishing	2.9%
10-14	B. Mining	3.8%
15-17	C. Construction	3.5%
20-39	D. Manufacturing	2.0%

DEPARTMENT OF EMPLOYMENT SECURITY

NOTICE OF ADOPTED AMENDMENT(S)

40-49	E.	Transportation, Communication, Electric, Gas, Sanitary Services	2.3%
50-51	F.	Wholesale Trade	1.5%
52-59	G.	Retail Trade	1.6%
60-67	H.	Finance, Insurance, Real Estate	1.2%
70-89	I.	Services	1.3%
91-97	J.	Public Administration	1.7%
99	K.	Nonclassifiable Establishments	2.1%

(Source: Amended at 16 Ill. Reg. 118, effective December 20, 1991)

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of Part: Pre-Licensing and Continuing Education
- 2) Code Citation: 50 Ill. Adm. Code 3119
- 3) Section Number: Adopted Action:
3119.40 Amended
- 4) Statutory Authority: Implementing Section 143 and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, pars. 755, 1065.41-1 and 1013).
- 5) Effective Date of Amendment: January 1, 1992
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) Date filed in Agency's Principal Office: December 18, 1991
- 9) Notice of Proposal Published in Illinois Register:
August 2, 1991, 15 Ill. Reg. 11055
- 10) Has JCAR issued a Statement of Objections to this rule? No
- 11) Difference(s) between proposal and final version: The Department has hyphenated the word "Pre-Licensing" found in the title of this Part.
- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?
Yes
- 13) Will this amendment replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of rulemaking: The Department has proposed these amendments to more clearly set standards for the pre-licensing and education of insurance producers.
- 16) Information and questions regarding this adopted amendment shall be directed to:

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

Bruce Cassens
Department of Insurance
320 West Washington
Springfield, Illinois 62767

The full text of the Adopted Amendment begins on the next page.

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

TITLE 50: INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SUBCHAPTER II: INSURANCE PRODUCER, LIMITED
INSURANCE REPRESENTATIVES AND
REGISTERED FIRMS

PART 3119

PRE-LICENSING AND CONTINUING EDUCATION

Section	Purpose
3119.10	Definitions
3119.20	Provider Responsibilities
3119.30	Responsibilities of Applicants for Insurance
3119.40	Producer Licenses and Licensed Insurance Producers
3119.50	Pre-Licensing - Course of Study Requirements
3119.60	Continuing Education Requirements
3119.70	Course and Provider Disqualification
3119.80	Severability
3119.EXHIBIT A	REQUEST FOR CERTIFICATION OF A PRE-LICENSING COURSE
3119.EXHIBIT B	REQUEST FOR CERTIFICATION OF A CONTINUING EDUCATION COURSE
3119.EXHIBIT C	PRE-LICENSING EDUCATION - PROOF OF COMPLETION
3119.EXHIBIT D	CONTINUING EDUCATION - PROOF OF COMPLETION
3119.EXHIBIT E	CLASS OF INSURANCE - LIFE
3119.EXHIBIT F	CLASS OF INSURANCE - ACCIDENT/HEALTH
3119.EXHIBIT G	COURSE OF STUDY - FIRE
3119.EXHIBIT H	COURSE OF STUDY - CASUALTY/MOTOR VEHICLE

AUTHORITY: Implementing Section 143 and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1989, ch. 73, pars. 755, 1065.41-1 and 1013).

SOURCE: Adopted at 9 Ill. Reg. 80, effective January 1, 1985; amended at 15 Ill. Reg. 69 effective January 1, 1991; amended at 16 Ill. Reg. 126 effective January 1, 1992.

Section 3119.40 Responsibilities of Applicants for Insurance
Producer Licenses and Licensed Insurance
Producers

a) Applicants for Insurance Producer Licenses

Prior to taking the licensing examination Each applicant shall complete the pre-licensing education requirements for the insurance-producer-license-being

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED AMENDMENTS

applied-for-before-submitting-their-application-to-the Director each class of insurance for which an examination is being taken. The pre-licensing education course must be used within one year of completion. Each applicant shall submit the original proof of completion (Exhibit C) of the requirements with-the application-as-set-forth-in-Exhibit-C to the test administrator at the examination site prior to taking the examination.

b) Licensed Insurance Producers

- 1) Each producer shall complete at least 25 hours of continuing education requirements prior to requesting an extension of an insurance producer license. An original proof of completion form (as set forth in Exhibit D) shall be submitted to the Director at the time extension of the license is requested.
- 2) Hours taken, course material provided or presented in whole, in part or in conjunction with a pre-licensing course which is not prescribed as pre-licensing education requirements shall not be used to meet continuing education requirements.
- 3) Courses initiated or completed prior to the original issue date of the license shall not be used to meet continuing education requirements.
- 4) Each producer may carry forward a maximum of 25 credit hours but-only-to-the-next-12-month-period. To qualify for carry-over credit the producer must submit the proof of completion form (Exhibit D) to the Department and use the credit prior to the second renewal date after completion of the course. Each producer shall maintain proof of successful completion and/or attendance to substantiate any carry-over credit.
- 5) Each producer shall maintain proof of credits for a period of 5 years after date of original issue.

(Source: Amended at 16 Ill. Reg. 126, effective January 1, 1992)

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: SPECIAL WASTE HAULING
- 2) Code Citation: 35 Ill. Adm. Code 809
- 3) Section Numbers:

<u>Adopted Action:</u>	
809.901	Repealed
809.902	Repealed
809.903	Repealed
809.904	Repealed
809.905	Repealed
809.906	Repealed
- 4) Statutory Authority: Ill. Rev. Stat. 1989, ch. 1114, pars. 1005, 1010, 1013, 1022, 1027, and 1056.2.
- 5) Effective Date of Amendments: January 1, 1992.
- 6) Does this rulemaking contain an automatic repeal date? No.
- 7) Do these amendments contain incorporations by reference? No.
- 8) Date filed in Board's Principal Office: Order adopted December 19, 1991.
- 9) Notice of Proposal Published in Illinois Register:
September 6, 1991, 15 Ill. Reg. 13017
- 10) Has JCPR issued a Statement of Objections to these rules? No.
- 11) Differences between proposal and final version:
The effective date of P.A. 87-752 is January 1, 1992. Section 56.2(d) requires that the Board repeal Subpart I of Part 809 by January 1, 1992. In light of the concerns expressed at hearing over a disparity between the effective date of the statutory amendments and the effective date of this repeal, the Board will ultimately file this repeal in a manner that renders it effective January 1, 1992.

The Board effects one procedural change from the published "Notice of Proposed Repealer" that appeared at 15 Ill. Reg. 13017, September 6, 1991. That notice should have appeared as a "Notice of Proposed Amendments" because the repeal does not affect Part 809 in its entirety. See 1 Ill. Adm. Code 100.220(c) (Administrative Code publication rule). Therefore, the Illinois Register notice in this matter shall appear as a "Notice of Adopted Amendments," pursuant to 1 Ill. Adm. Code 100.220-(c)(2).

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NOTICE OF ADOPTED AMENDMENTS

- 12) Have all the changes agreed upon by the Board and JCAR been made as indicated in the agreement letter issued by JCAR?

JCAR has not requested changes to the text of the adopted amendments.

- 13) Will these amendments replace an emergency amendment currently in effect? No.

- 14) Are there any other amendments pending on this Part? No.

- 15) Summary and Purpose of Amendments:

A complete description is contained in the Board's Opinion of December 18, 1991 in R91-18, which Opinion is available from the address below.

Public Act 87-752 (House Bill 2491), 1991 Ill. Legis. Serv. 3521-33 (West), signed by the Governor on September 26, 1991, prompted this rulemaking action. Effective January 1, 1991, P.A. 87-752 amends various provisions of the Environmental Protection Act as they relate to potentially infectious medical wastes. New Title XV: Potentially Infectious Medical Waste includes several new legislative mandates for Board rulemaking. One such mandate is new Section 56.2(d), which requires that the Board repeal 35 Ill. Adm. Code 809. Subpart I: Hazardous (Infectious) Hospital Waste by January 1, 1992. That is the subject of this rulemaking.

The other three mandates, each of which is the subject of a separate rulemaking (indicated) and includes a deadline for Board action, are described as follows:

1. Adopt rules identical in substance to the etiologic agents in Class 4 in a 1974 federal Centers for Disease Control, Office of Biosafety listing: Classification of Etiologic Agents on the Basis of Hazard (new Section 56.2(e), due January 1, 1992, the subject of R91-19);
2. Adopt rules setting forth the standards for facilities treating, storing, and transferring potentially infectious medical wastes (new Section 56.2(a), due January 1, 1993, the subject of docket R91-20); and
3. Adopt rules setting forth standards for transportation, packaging, segregation, labeling, and marking of potentially infectious medical wastes (new Section 56.2(c), due January 1, 1993, the subject of docket R91-21).

New Title XV also includes a number of self-implementing provisions and

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENTS

interim self-implementing provisions pertaining to the management of potentially infectious medical wastes. The interim self-implementing provisions affect the management of these wastes until the Board files rules (in dockets R91-20 and R91-21) to fully implement the mandates of Section 56.2 and replace those repealed in this rulemaking.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Michael J. McCambridge
Attorney
Illinois Pollution Control Board
100 W. Randolph 11-500
Chicago, IL 60610
312-814-6924

The full text of the adopted amendments begins on the next page:

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 35: ENVIRONMENTAL PROTECTION

SUBTITLE G: WASTE DISPOSAL

CHAPTER I: POLLUTION CONTROL BOARD

SUBCHAPTER I: SOLID WASTE AND SPECIAL WASTE HAULING

PART 809

SPECIAL WASTE HAULING

SUBPART A: GENERAL PROVISIONS

Section
809.101
809.102
809.103

Authority, Policy and Purposes
Severability
Definitions

SUBPART B: SPECIAL WASTE HAULING PERMITS

Section
809.201
809.202
809.203

Special Waste Hauling Permits - General
Applications for Special Waste Hauling Permit - Contents
Applications for Special Waste Hauling Permit - Signatures and
Authorization

809.204
809.205
809.206
809.207

Applications for Special Waste Hauling Permit - Filing and Final
Action by the Agency
Special Waste Hauling Permit Conditions
Special Waste Hauling Permit Revision

809.208
809.209
809.210
809.211

Transfer of Special Waste Hauling Permits
Special Waste Hauling Permit Revocation
Permit No Defense
General Exemption from Special Waste Hauling Permit Requirements
Exemptions for Special Waste Haulers

SUBPART C: DELIVERY AND ACCEPTANCE

Section
809.301
809.302

Requirements for Delivery of Special Waste to Haulers
Requirements for Acceptance of Special Waste from Haulers

SUBPART D: VEHICLE NUMBERS AND SYMBOLS

Section
809.401
809.402

Vehicle Numbers
Special Waste Symbols

SUBPART E: MANIFESTS, RECORDS AND REPORTING

Section
809.501

Manifests, Records, Access to Records, Reporting Requirements and
Forms

POLLUTION CONTROL BOARD

NOTICE OF ADOPTED AMENDMENT(S)

SUBPART F: DURATION OF PERMITS AND TANK NUMBERS

Section
809.601

Duration of Special Waste Hauler Permits and Tank Numbers

SUBPART G: EMERGENCY CONTINGENCIES FOR SPILLS

Section
809.701

General Provision

SUBPART H: EFFECTIVE DATES

Section
809.801
809.802

Compliance Date
Exceptions

SUBPART I: HAZARDOUS (INFECTIOUS) HOSPITAL WASTE

Section
809.901
809.902
809.903

Definitions (Repealed)
Disposal Methods (Repealed)
Rendering Innocuous by Sterilization (Repealed)

809.904
809.905
809.906

Rendering Innocuous by Incineration (Repealed)
Recordkeeping Requirements for Generators (Repealed)
Defense to Enforcement Action (Repealed)

APPENDIX A Old Rule Numbers Referenced

AUTHORITY: Implementing Sections 5, 10, 13 and 22 and authorized by Section 27 of the Environmental Protection Act (Ill. Rev. Stat. 1989, ch. 111 1/2, pars. 1005, 1010, 1013, 1022, and 1027); as amended by P.A. 87-752, effective January 1, 1992.

SOURCE: Adopted in R76-10, 33 PCB 131, at 3 Ill. Reg. 13, p. 155, effective March 31, 1979; emergency amendment at in R76-10, 39 PCB 175, 4 Ill. Reg. 34, p. 214, effective August 7, 1980 for a maximum of 150 days; emergency amendment in R80-19, 40 PCB 159, at 5 Ill. Reg. 270, effective January 1, 1981 for a maximum of 150 days; amended in R77-12(B), 41 PCB 369, at 5 Ill. Reg. 6384, effective May 28, 1981; amended in R80-19, 14 PCB 459, at 5 Ill. Reg. 6378; effective May 31, 1981; codified in R81-9, 53 PCB 269, at 7 Ill. Reg. 13640, effective September 30, 1983; recodified in R84-5, 58 PCB 267, from Subchapter h to Subchapter i at 8 Ill. Reg. 13198; amended in R89-13A at 14 Ill. Reg. 14076, effective August 15, 1990; amended in R91-18 16 Ill. Reg. 130, effective January 1, 1992.

SUBPART I: HAZARDOUS (INFECTIOUS) HOSPITAL WASTE

Section 809.901 Definitions (Repealed)

~~For the purpose of this Subpart only:~~

~~“Hazardous (infectious) Hospital Waste” means waste which has been generated by a hospital in connection with patient care that is~~

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contaminated with or may be contaminated with an infectious agent that has the potential of inducing an infection and which has not been rendered innocuous by sterilization or incineration. More specifically, "Hazardous (infectious) Hospital Waste" means:

medical and patient care items contaminated by, and human excreta produced by, persons who have been placed in strict or enteric isolation for the control and treatment of an infectious disease by the Hospital's Infection Control Committee pursuant to the infection control policies and procedures required of it by Section D of Part IX of the Rules of the Illinois Department of Public Health, 5 Ill. Reg. 553 et seq. (1981), as from time to time amended, and

medical and patient care items that are contaminated by or have been in contact with either the wound or skin of patients who have been placed in wound or skin isolation or strict isolation, or the mucous or other respiratory fluids of patients who have been placed in respiratory isolation or strict isolation by the Hospital's Infection Control Committee pursuant to the infection control policies and procedures required of it by Section D of Part IX of the Rules of the Illinois Department of Public Health, 5 Ill. Reg. 553 et seq. (1981), as from time to time amended, and

medical and patient care items contaminated during surgery when the case is infectious, and

tissues (human or animal), pathological waste, and items that are contaminated by an infectious agent, and

bacteriological cultures and blood or other excreta that are products from bacteriological testing, and

any other waste which, because of its infectious nature, is ordered to receive special handling and disposal by the Hospital's Infection Control Committee pursuant to the infection control policies and procedures required of it by Section D "Infectious Control" of Part IX of the Rules of the Illinois Department of Public Health, 5 Ill. Reg. 553 et seq. (1981), as from time to time amended.

"Hospital" means any institution, place, building, or agency, public or private, whether organized for profit or not, devoted primarily to the maintenance and operation of facilities for the diagnosis and treatment or care of two or more unrelated persons admitted for overnight stay or longer in order to obtain medical, including obstetric, psychiatric and nursing, care of illness

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disease, injury, infirmity, or deformity. "Hospital" includes general and specialized hospitals, tuberculosis sanatoria, mental or psychiatric hospitals and sanatoria, maternity homes, lying-in homes, and homes for unwed mothers in which care is given during delivery. "Hospital" does not include, for example, nursing homes, offices of human or animal health care providers, outpatient clinics, or veterinary hospitals.

"Incineration" means the complete reduction of a substance to ashes by means of combustion.

"Innocuous Hospital Waste" is not a special waste, but for the purposes of this Subpart means any hazardous hospital waste which has been properly sterilized or incinerated so as to render it incapable of causing infection.

"Normal Hospital Waste" is not a special waste, but for the purposes of this Subpart includes, but is not limited to, garbage refuse, such as packaging materials removed before a product reaches patient care areas, disposable medical and patient care items such as basins and water pitchers which have not come in contact with a patient in isolation, and facial tissue and other patient contact items which have not been generated by a patient in isolation.

"Sterilization" means the complete destruction of microorganisms by moist or dry heat or by bactericidal chemical compound.

(Source: Repealed at 16 Ill. Reg. 130, effective January 1, 1992)

Section 809.902 Disposal Methods (Repealed)

- a) No person shall cause or allow hazardous (infectious) hospital waste to be deposited in any landfill.
- b) Hazardous (infectious) hospital waste shall be rendered innocuous pursuant to Sections 809.903 and 809.904 or may be disposed of, where lawful, by deposit into a municipal or private sewerage system.
- c) Innocuous hospital waste and normal hospital waste may be disposed of by any lawful means, including incineration in any incinerator appropriate for such waste and for which the Agency has issued a permit, by deposit in any sanitary landfill or by deposit into a municipal or private sewerage system.

(Source: Repealed at 16 Ill. Reg. 130, effective January 1, 1992)

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Section 809.903 Rendering Innocuous by Sterilization (Repealed)

~~Any hazardous (infectious) hospital waste may be rendered an innocuous hospital waste by:~~

- ~~a) Sterilization of the waste in an autoclave, provided that the unit is operated in accordance with the manufacturer's recommendations and the autoclave's effectiveness is verified at least weekly with a biological spore assay containing B. stearothermophilus, or~~
- ~~b) Sterilization of the waste in a commercial ethylene oxide unit that provides controlled temperature and humidity conditions, provided that the unit is operated in accordance with the manufacturer's recommendations and the unit's effectiveness is verified during each use with a biological spore assay containing B. subtilis.~~

(Source: Repealed at 16 Ill. Reg. 130 , effective January 1, 1992)

Section 809.904 Rendering Innocuous by Incineration (Repealed)

- ~~a) Any hazardous (infectious) hospital waste may be rendered an innocuous hospital waste by incineration provided that:~~

- ~~1) The combustion apparatus is an incinerator designed to destroy the type or class of waste introduced into it, and is operated according to the manufacturer's instructions and~~

- ~~2) All permits required by 35 Ill. Adm. Code, Subtitle B, Chapter 1 (prior to codification, Chapter 24 Air Pollution) have been obtained from the Agency, and the conditions of those permits have been met.~~

- ~~b) The ash produced by the incineration of hazardous (infectious) hospital waste shall be disposed of as required by this Part and 35 Ill. Adm. Code 807 for disposal of any other incinerator ash.~~

(Source: Repealed at 16 Ill. Reg. 130 , effective January 1, 1992)

Section 809.905 Recordkeeping Requirements for Generators (Repealed)

- ~~a) Generators of hazardous (infectious) hospital waste who render such waste into innocuous hospital waste shall keep and make reasonably available for Agency inspection:~~

- ~~1) Records of any required biological spore assay tests.~~

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- ~~2) Records describing the approximate amount of waste sterilized or incinerated.~~

- ~~3) Records which demonstrate proper operation of the sterilization or incineration equipment (such as time and temperature maintenance for each load).~~

- ~~b) The requirements of Subsection (a) may be satisfied by maintenance of the records in the form required to be kept by any hospital licensing or accreditation body, provided that such records include information sufficient to comply with Subsection (a).~~

(Source: Repealed at 16 Ill. Reg. 130 , effective January 1, 1992)

Section 809.906 Defense to Enforcement Action (Repealed)

~~Reasonable reliance on a waste generator's identification of waste as innocuous or normal hospital waste shall be a complete defense to an enforcement action against a person other than the waste generator for violation of Section 809.902(a).~~

(Source: Repealed at 16 Ill. Reg. 130 , effective January 1, 1992)

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1) The Heading of the Part: MEDICAL ASSISTANCE PROGRAMS

2) Code Citation: 89 Ill. Adm. Code 120

3) Section Numbers: Adopted Action:

120.50 Repealed
120.200 New Section
120.208 Repealed
120.210 Repealed
120.211 Repealed
120.212 Repealed
120.215 Repealed
120.216 Repealed
120.217 Repealed
120.218 Repealed
120.224 Repealed
120.225 Repealed
120.230 Repealed
120.235 Repealed
120.236 Repealed
120.240 Repealed
120.245 Repealed
120.250 Repealed
120.255 Repealed
120.260 Repealed
120.261 Repealed
120.262 Repealed
120.270 Repealed
120.271 Repealed
120.272 Repealed
120.273 Repealed
120.275 Repealed
120.276 Repealed
120.280 Repealed
120.281 Repealed
120.282 Repealed
120.283 Repealed
120.284 Repealed
120.285 Repealed
120.290 Repealed
120.295 Repealed

4) Statutory Authority: Section 6-11 and Article VII of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Par. 6-11 and Article VII, as added and repealed respectively by Public Act 87-14, effective July 24, 1991)

5) Effective Date of Adopted Amendments: December 24, 1991

6) Does this rulemaking contain an automatic repeal date?
Yes ☐ No ☒

7) Do these Adopted Amendments contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: December 24, 1991

9) Notices of Proposal Published in Illinois Register:

August 30, 1991 (15 Ill. Reg. 12137)

10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No

11) Differences between proposal and final version: No changes were made to this rulemaking.

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will these Adopted Amendments replace Emergency Amendments currently in effect? Yes

14) Are there any Amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
120.11	Amendment	November 15, 1991 (15 Ill. Reg. 16625)
120.31	Amendment	November 15, 1991 (15 Ill. Reg. 16625)
120.60	Amendment	November 15, 1991 (15 Ill. Reg. 16625)
120.64	Amendment	November 15, 1991 (15 Ill. Reg. 16625)
120.80	Amendment	November 22, 1991 (15 Ill. Reg. 16856)
120.319	Amendment	January 25, 1991 (15 Ill. Reg. 833)
120.320	Amendment	January 25, 1991 (15 Ill. Reg. 833)

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TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 120

MEDICAL ASSISTANCE PROGRAMS

SUBPART A: GENERAL PROVISIONS

Incorporation By Reference

SUBPART B: ASSISTANCE STANDARDS

Section
120.1

Eligibility For Medical Assistance
Eligibility For Medical Assistance For Pregnant
Women and Children Under Age Eight Who Do Not
Qualify As Mandatory Categorically Needy
Healthy Start - Medicaid Presumptive Eligibility
Program For Pregnant Women
MANG(AABD) Income Standard
MANG(C) Income Standard
MANG(P) Income Standard
Exceptions To Use Of MANG Income Standard
AMI Income Standard (Repealed)

SUBPART C: FINANCIAL ELIGIBILITY DETERMINATION

Section
120.60

All Cases Other Than Intermediate Care, Skilled
Nursing Care, DMHDD, DMHDD Approved Community Based
Settings and Pregnant Women and Children Under Age
Eight Who Do Not Qualify As Mandatory Categorically
Needy

Cases in Intermediate Care, Skilled Nursing Care and
DMHDD - MANG(AABD) and All Other Licensed Medical
Facilities
Department of Mental Health and Developmental
Disabilities (DMHDD) Approved Home and Community
Based Residential Settings Under 89 Ill. Adm. Code
140.643

Department of Mental Health and Developmental
Disabilities (DMHDD) Approved Home and Community
Based Residential Settings
Pregnant Women and Children Under Age Six Years Who
Do Not Qualify As Mandatory Categorically Needy

120.61

120.62

120.63

120.64

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Section Numbers Proposed Action Illinois Register Citation

120.321 Amendment January 25, 1991
(15 Ill. Reg. 833)

120.322 Amendment January 25, 1991
(15 Ill. Reg. 833)

120.323 Amendment January 25, 1991
(15 Ill. Reg. 833)

120.382 Amendment November 15, 1991
(15 Ill. Reg. 16625)

120.390 Amendment November 15, 1991
(15 Ill. Reg. 16625)

120.391 Amendment November 15, 1991
(15 Ill. Reg. 16625)

15) Summary and Purpose of Adopted Amendments: This
rulemaking, along with related rulemaking in 89 Ill. Adm.
Code 140 published simultaneously, does two things. First,
the Aid to the Medically Indigent program is eliminated.
Second, medical coverage for the Department's new State
Transitional program under General Assistance (created by
Public Act 87-14) is changed. Those clients will no longer
be eligible for services provided by a hospital.

16) Information and questions regarding these Adopted
Amendments shall be directed to:

Name: David E. Peterson, Deputy General Counsel
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Adopted Amendments begins on the next page:

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Section

120.65 Department of Mental Health and Developmental Disabilities (DMHDD) Licensed Community - Integrated Living Arrangements

SUBPART D: SUPPLEMENTARY MEDICAL INSURANCE

Section

120.70 Supplementary Medical Insurance Benefits, Buy-In Program

120.72 Eligibility for Medicare Cost Sharing as a Qualified Medicare Beneficiary (QMB)

120.74 Qualified Medicare Beneficiary (QMB) Income Standard

120.76 Hospital Insurance Benefits (HIB)

SUBPART E: RECIPIENT RESTRICTION PROGRAM

Section

120.80 Recipient Restriction Program

SUBPART F: MIGRANT MEDICAL PROGRAM

Section

120.90 Migrant Medical Program

120.91 Income Standards

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section

120.200 Elimination Of Aid To The Medically Indigent

120.208 Client Cooperation (Repealed)

120.210 Citizenship (Repealed)

120.211 Residence (Repealed)

120.212 Age (Repealed)

120.215 Relationship (Repealed)

120.216 Living Arrangement (Repealed)

120.217 Supplemental Payments (Repealed)

120.218 Institutional Status (Repealed)

120.224 Foster Care Program (Repealed)

120.225 Social Security Numbers (Repealed)

120.230 Unearned Income (Repealed)

120.235 Exempt Unearned Income (Repealed)

120.236 Education Benefits (Repealed)

120.240 Unearned Income In-Kind (Repealed)

120.245 Earmarked Income (Repealed)

120.250 Lump Sum Payments and Income Tax Refunds (Repealed)

120.255 Protected Income (Repealed)

120.260 Earned Income (Repealed)

120.261 Budgeting Earned Income (Repealed)

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Section

120.262 Exempt Earned Income (Repealed)

120.270 Recognized Employment Expenses (Repealed)

120.270 Income From Work/Study/Training Program (Repealed)

120.271 Earned Income From Self-Employment (Repealed)

120.273 Earned Income From Roomer and Boarder (Repealed)

120.275 Earned Income In-Kind (Repealed)

120.276 Payments from the Illinois Department of Children and Family Services (Repealed)

120.280 Assets (Repealed)

120.281 Exempt Assets (Repealed)

120.282 Asset Disregards (Repealed)

120.283 Deferral of Consideration of Assets (Repealed)

120.284 Spend-down of Assets (AMI) (Repealed)

120.285 Property Transfers (Repealed)

120.290 Persons Who May Be Included in the Assistance Unit (Repealed)

120.295 Payment Levels for AMI (Repealed)

SUBPART H: MEDICAL ASSISTANCE - NO GRANT

Section

120.308 Client Cooperation

120.309 Caretaker Relative

120.310 Citizenship

120.311 Residence

120.312 Age

120.313 Blind

120.314 Disabled

120.315 Relationship

120.316 Living Arrangements

120.317 Supplemental Payments

120.318 Institutional Status

120.319 Assignment of Rights to Medical Support and Collection of Payment

120.320 Cooperation in Establishing Paternity and Obtaining Medical Support

120.321 Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support

120.322 Proof of Good Cause for Failure to Cooperate in Establishing Paternity and Obtaining Medical Support

120.323 Suspension of Paternity Establishment and Obtaining Medical Support Upon Finding Good Cause

120.324 Foster Care Program

120.325 Social Security Numbers

120.330 Unearned Income

120.332 Budgeting Unearned Income

120.335 Exempt Unearned Income

120.336 Education Benefits

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Section	Incentive Allowance
120.338	Unearned Income In-Kind
120.340	Court Ordered Child Support Payments of Parent/Step-Parent
120.342	Earmarked Income
120.345	Medicaid Qualifying Trusts
120.346	Lump Sum Payments and Income Tax Refunds
120.350	Protected Income
120.355	Earned Income
120.361	Budgeting Earned Income
120.362	Exempt Earned Income
120.364	Earned Income Exemption
120.366	Exclusion From Earned Income Exemption
120.370	Recognized Employment Expenses
120.371	Income From Work/Study/Training Programs
120.372	Earned Income From Self-Employment
120.373	Earned Income From Roomer and Boarder
120.375	Earned Income In Kind
120.376	Payments from the Illinois Department of Children and Family Services
120.379	Assessment of Assets
120.380	Assets
120.381	Exempt Assets
120.382	Asset Disregard
120.383	Deferral of Consideration of Assets
120.384	Spend-down of Assets (MANG)
120.385	Property Transfers for Applications Filed Prior to October 1, 1989
120.386	Property Transfers Effective for Applications Filed on or After October 1, 1989
120.390	Persons Who May Be Included In the Assistance Unit
120.391	Individuals Under Age 18 Who Do Not Qualify For AFDC/AFDC-MANG And Children Under Age Eight
120.392	Pregnant Women Who Would Not Be Eligible For AFDC/AFDC-MANG If The Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
120.393	Pregnant Women And Children Under Age Eight Years Who Do Not Qualify As Mandatory Categorically Needy Demonstration Project.
120.395	Payment Levels for MANG
120.399	Redetermination of Eligibility

AUTHORITY: Implementing Articles III, IV, V, VI and VII and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Filed effective December 30, 1977; peremptory

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amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amended at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at 3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 8041 effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982, amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective

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March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; amended at 7 Ill. Reg. 394, effective January 1, 1983; codified at 7 Ill. Reg. 6082; amended at 7 Ill. Reg. 8256, effective July 1, 1983; amended at 7 Ill. Reg. 8264, effective July 5, 1983; amended (by adding section being codified with no substantive change) at 7 Ill. Reg. 14747; amended (by adding sections being codified with no substantive change) at 7 Ill. Reg. 16108; amended at 8 Ill. Reg. 5253, effective April 9, 1984; amended at 8 Ill. Reg. 6770, effective April 27, 1984; amended at 8 Ill. Reg. 13328, effective July 16, 1984; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17897; amended at 8 Ill. Reg. 18903, effective September 26, 1984; peremptory amendment at 8 Ill. Reg. 20706, effective October 3, 1984; amended at 8 Ill. Reg. 25053, effective December 12, 1984; emergency amendment at 9 Ill. Reg. 830, effective January 3, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 4515, effective March 25, 1985; amended at 9 Ill. Reg. 5346, effective April 11, 1985; amended at 9 Ill. Reg. 7153, effective May 6, 1985; amended at 9 Ill. Reg. 11346, effective July 8, 1985; amended at 9 Ill. Reg. 12298, effective July 25, 1985; amended at 9 Ill. Reg. 12823, effective August 9, 1985; amended at 9 Ill. Reg. 15903, effective October 4, 1985; amended at 9 Ill. Reg. 16300, effective October 10, 1985; amended at 9 Ill. Reg. 16906, effective October 18, 1985; amended at 10 Ill. Reg. 1192, effective January 10, 1986; amended at 10 Ill. Reg. 3033, effective January 23, 1986; amended at 10 Ill. Reg. 4907, effective March 7, 1986; amended at 10 Ill. Reg. 6966, effective April 16, 1986; amended at 10 Ill. Reg. 10688, effective June 3, 1986; amended at 10 Ill. Reg. 12672, effective July 14, 1986; amended at 10 Ill. Reg. 15649, effective September 19, 1986; amended at 11 Ill. Reg. 3992, effective February 23, 1987; amended at 11 Ill. Reg. 7652, effective April 15, 1987; amended at 11 Ill. Reg. 8735, effective April 20, 1987; emergency amendment at 11 Ill. Reg. 12458, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 14034, effective August 14, 1987;

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amended at 11 Ill. Reg. 14763, effective August 26, 1987; amended at 11 Ill. Reg. 20142, effective January 1, 1988; amended at 11 Ill. Reg. 20898, effective December 14, 1987; amended at 12 Ill. Reg. 904, effective January 1, 1988; amended at 12 Ill. Reg. 3516, effective January 22, 1988; amended at 12 Ill. Reg. 6234, effective March 22, 1988; amended at 12 Ill. Reg. 8672, effective May 13, 1988; amended at 12 Ill. Reg. 9132, effective May 20, 1988; amended at 12 Ill. Reg. 11483, effective June 30, 1988; emergency amendment at 12 Ill. Reg. 11632, effective July 1, 1988, for a maximum of 150 days; emergency amendment at 12 Ill. Reg. 11839, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12835, effective July 22, 1988; emergency amendment at 12 Ill. Reg. 13243, effective July 29, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 17867, effective October 30, 1988; amended at 12 Ill. Reg. 19704, effective November 15, 1988; amended at 13 Ill. Reg. 20188, effective November 23, 1988; amended at 13 Ill. Reg. 116, effective January 1, 1989; amended at 13 Ill. Reg. 2081, effective February 3, 1989; amended at 13 Ill. Reg. 3908, effective March 10, 1989; emergency amendment at 13 Ill. Reg. 11929, effective June 27, 1989, for a maximum of 150 days; emergency expired November 25, 1989; emergency amendment at 13 Ill. Reg. 12137, effective July 1, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 15404, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16586, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 13 Ill. Reg. 17483, effective October 31, 1989; amended at 13 Ill. Reg. 17838, effective November 8, 1989; amended at 13 Ill. Reg. 18872, effective November 17, 1989; amended at 14 Ill. Reg. 760, effective January 1, 1990; emergency amendment at 14 Ill. Reg. 1494, effective January 2, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 4233, effective March 5, 1990; emergency amendment at 14 Ill. Reg. 5839, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 6372, effective April 16, 1990; amended at 14 Ill. Reg. 7637, effective May 10, 1990; amended at 14 Ill. Reg. 10396, effective June 20, 1990; amended at 14 Ill. Reg. 13227, effective August 6, 1990; amended at 14 Ill. Reg. 14814, effective September 3, 1990; amended at 14 Ill. Reg. 17004, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 348, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 5302, effective April 1, 1991; amended at 15 Ill. Reg. 11973, effective August 12, 1991; amended at 15 Ill. Reg. 12747, effective August 16, 1991; amended at 15 Ill. Reg. 14105, effective September 11, 1991; amended at 15 Ill. Reg. 14240, effective September 23, 1991; amended at 16 Ill. Reg. 139, effective December 24, 1991.

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NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

SUBPART B: ASSISTANCE STANDARDS

Section 120.50 AMI Income Standard (Repealed)

The AMI Income Standard is applicable to both family and adult cases.

Number in Family	Monthly Net Income	Six-Month Net Income
1	166	996
2	221	1326
3	275	1650
4	331	1986
5	386	2316
6	441	2646
7	496	2976
8	551	3306
9	607	3642
10	662	3972
More than 10	Add \$55 for each additional family member	Add \$330 for each additional family member

(Source: Repealed at 16 Ill. Reg. 139, effective December 20, 1991)

SUBPART G: AID TO THE MEDICALLY INDIGENT

Section 120.200 Elimination Of Aid To The Medically Indigent

Effective August 1, 1991, the Aid to the Medically Indigent Program (AMI) was eliminated pursuant to Public Act 87-14. Any references to the AMI program contained in the Department's rules are obsolete and of no effect as of August 1, 1991.

(Source: Added at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.208 Client Cooperation (Repealed)

- a) As a condition of eligibility, clients must cooperate in the determination of eligibility.

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Section 120.208 Client Cooperation (Repealed) (Cont'd)

- 2) With Department programs conducted for the purposes of acquisition or verification of information upon which eligibility may depend.
- 3) In applying for all financial benefits for which they may qualify and to avail themselves of such benefits at the earliest possible date.

- b) Clients are required to avail themselves of all potential resources.
- c) When eligibility cannot be conclusively determined because the individual is unwilling or fails to provide essential information or to consent to verification, the client is ineligible.
- d) At screening, applicants shall be informed, in writing, of any information they are to provide at the eligibility interview.
- e) At the eligibility interview or at any time during the application process, when the applicant is requested to provide information in his or her possession, the Department will allow ten (10) days for the return of the requested information. The first day of the ten (10) day period is the calendar day following the date the information request form is sent or given to the applicant. The last day of the ten (10) day period shall be a work day and is to be indicated on the information request form. If the applicant does not provide the information by the date on the information request form, the application shall be denied on the following work day.

- f) At the eligibility interview or at any time during the application process, when the applicant is requested to provide third party information, the Department shall allow ten (10) days for the return of the requested information or for verification that the third party information has been requested. The first day of the ten (10) day period is the calendar day following the date the information request form is sent or given to the applicant. The last day of the ten (10) day period shall be a work day and is to be indicated on the information request form. It is to be indicated on the information request form that the applicant shall provide written verification of the

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Section 120.208 Client Cooperation (Repealed) (Cont'd)

request for the third party information,--If the applicant does not provide the information or the verification that the information was requested by the date on the information request form, the application shall be denied on the following work day.

1) Third party information is defined as information which must be provided by someone other than the applicant.--An authorized representative or person applying on another's behalf is not a third party but is treated as if he were the applicant.

2) The Department shall advise clients of the need to provide written verification of third party information requested and the consequences of failing to provide such verification.

3) If the applicant requests an extension either verbally or in writing in order to obtain third party information and provides written verification of the request for the third party information such as a copy of the request that was sent by the third party, an extension of ninety (90) days from the date of application shall be granted.--The first day of the ninety (90) day period is the calendar day following the date of application.--The 90th day must be a work day.

4) If an applicant's attempt to obtain third party information is unsuccessful upon the applicant's request the Department will assist in securing evidence to support the client's eligibility for assistance.

g) A client who is eligible or capable of acquiring eligibility to receive Categorical Assistance must apply for and take all steps necessary to acquire categorical eligibility as a condition of eligibility for AMI of the client and any dependents who eligibility is contingent on the client's eligibility.

h) An individual who is ineligible for Medicaid because of failure to cooperate with the Department in

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Section 120.208 Client Cooperation (Repealed) (Cont'd)

obtaining third party medical support or medical payments is not eligible for AMI.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.210 Citizenship (Repealed)

Not applicable.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.211 Residence (Repealed)

Residence in Illinois is not an eligibility factor. However:

a) Non-residents who come to Illinois for the sole purpose of obtaining medical care are not eligible for AMI or for payment of funeral and burial costs.

b) For non-residents of Illinois in order for eligibility to exist for funeral and/or burial the individual must be present in Illinois at the time of death.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.212 Age (Repealed)

Age is not a criterion for inclusion in the assistance unit, except for:

School attendance and Illinois State Employment Service (ISES) registration requirements are not eligibility factors for children included in AMI cases.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

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Section 120.216 Living Arrangement (Repealed) (Cont'd)

primary responsibility for the care and supervision of the child, even though either the child or the adult is temporarily absent from the customary family setting.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.217 Supplemental Payments (Repealed)

In an individual is eligible for State Supplemental Payments (SSP) that individual may not receive AMI.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.218 Institutional Status (Repealed)

a) Individuals residing in non-medical, public institutions or receiving non-medical care in a medical public institution other than an individual receiving shelter care in a county-owned and operated institution are ineligible for assistance. These individuals shall be eligible for assistance while temporarily discharged for purpose of obtaining necessary medical care provided all eligibility requirements are met.

b) Individuals confined in or under the jurisdiction of any local, state or federal penal or correctional institution or law enforcement authority are ineligible for assistance.

c) Residents of a private psychiatric hospital or a public tuberculosis hospital certified for participation in the Medicare Program who are 65 years of age or older may be eligible for assistance. These individuals residing in a private psychiatric hospital or a public tuberculosis hospital not certified to participate in the Medicare Program are not eligible for public assistance.

d) Individuals under age 21 residing in a private psychiatric hospital having JCAH accreditation may also be eligible for public assistance.

Section 120.215 Relationship (Repealed)

a) The child (ren) must be living with blood relatives, step relatives or adoptive relatives in that relative's home. A home is the family setting shared by the specified relative and the child. A home need not be a fixed dwelling if the family has none.

b) The required relationship does not exist between a child born out of wedlock and the child's father or the father's relatives unless:

- 1) paternity has been adjudicated;
 - 2) the father has acknowledged paternity in open court within the last two years, or has acknowledged paternity by notarized written statement within the last two years; or
 - 3) has contributed to the child's support within the last two years and had previously acknowledged paternity in open court or by notarized written statement.
- e) A child conceived or born in wedlock is presumed to be the child of that marriage in the absence of a court finding to the contrary.
- d) The child may be living with a non-relative who is the legal guardian of the child.
- e) When the required relationship exists between the child and the relative or non-relative, the relative or non-relative is referred to as an adult.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.216 Living Arrangement (Repealed)

- a) Adult cases not applicable
- b) Family case, all persons included in the assistance unit must be residing in the same household.
- e) To be included in the assistance unit as a child, the child must be living with an adult who exercises

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Section 120.218 Institutional Status (Repealed) (Cont'd)

- e) A resident of a private institution who has a contract with the institution providing for his total needs throughout his life is ineligible as no needs remain to be met.
- f) Residents of private institutions (other than those who have purchased life-care contracts) are ineligible for public assistance when they have purchased care and maintenance to provide for all their needs in the institution and the amount paid has not been wholly consumed for care.
- g) Individuals living in a public or a private facility which has official policies and administrative procedures which are not in conference or are in conflict with the Public Aid Code provisions of Department rules governing eligibility for public assistance, are ineligible for public assistance.
- h) Individuals residing in a public tuberculosis or state psychiatric hospital are not eligible for AMI.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.224 Foster Care Program (Repealed)

- a) A child is eligible for AMI when

- 1) The child has been removed from the home of a specified relative as a result of court action, is a child for whom DCF is legally responsible, and has been placed in foster care (foster care home or private non-profit group home institution) which is licensed or approved by the Department of Children and Family Services; and
- 2) The child was eligible for and receiving AFDC in or for the month in which court action was initiated leading to placement; or
- 3) The child met the citizenship, age, residence, need, and lack of parental support or care criteria for AFDC at the time of initiation of court action and lived with a specified relative

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NOTICE OF ADOPTED AMENDMENTS

Section 120.224 Foster Care Program (Repealed) (Cont'd)

- at any time within the six (6) months prior to the initiation of court action leading to placement; and
- 4) The child continues to meet AFDC eligibility requirements of age, need, lack of parental support or care, and registration/participation requirements.
- b) An application for AFDC-F must be signed by an authorized representative of the Department of Children and Family Services.
- e) Assistance under the AFDC-F program is effective from the latter of the date
 - 1) that a completed application is received by the Department; or
 - 2) the child is actually placed in foster care.
- d) A foster parent who is a specified relative of an eligible foster child placed in the foster parent's care may receive assistance for the child under either the AFDC-R/AFDC-U or the AFDC-F program.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.225 Social Security Numbers (Repealed)

- a) The furnishing of a Social Security Number by AMI applicants and recipients is desirable although not an eligibility requirement.
- b) AMI applicants and recipients shall be advised
 - 1) that disclosure of a Social Security Number is voluntary;
 - 2) by what statute the Social Security Number is requested; and
 - 3) that the Social Security Number will be used only in the administration of the AMI program.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

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Section 120.230

Unearned Income (Repealed)

- a) All currently available, unearned income which is not specified as exempt shall be considered in the determination of eligibility and the level of the assistance payment.
- b) Unearned income is all income other than that received in the form of salary for services performed as an employee or profits from self-employment.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.235 Exempt Unearned Income (Repealed)

The following unearned income shall be exempt from consideration in determining AMI eligibility.

- a) The value of the coupon allotment under the Food Stamp Act of 1977 (7 U.S.C. 2017(b)).
- b) The value of the U.S. Department of Agriculture donated foods (surplus commodities).
- c) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4636).
- d) Any per capita judgment funds paid under Public Law 92-254 to members of the Blackfeet Tribe of the Blackfeet Indian Reservation, Montana and the Gros Ventre Tribe of the Fort Belknap Reservation, Montana (25 U.S.C. 1264).
- e) Any benefits received under Title VII, Nutrition Program for the Elderly, of the Older Americans Act of 1965, as amended (42 U.S.C. 3030e).
- f) Any compensation provided to individual volunteers under the Retired Senior Volunteer Program (42 U.S.C. 5001) and the Foster Grandparent Program and Older Americans Community Service Programs established under Title II of the Domestic Volunteer Service Act (42 U.S.C. 5001 thru 5023), as amended.
- g) Income in an amount not greater than \$650 received by

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Section 120.235 Exempt Unearned Income (Repealed) (Cont'd)

- a-beneficiary of life insurance which is expended on the funeral and burial of an insured recipient.
- h) Income received under the provisions of Section 4(e) of the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act (Ill. Rev. Stat. 1989, ch. 67-172, par. 404-6). This includes both the benefits commonly known as the "semit-breaker" and additional grants.
- i) Payments to volunteers under the 1973 Domestic Volunteer Service Act (48 U.S.C. 5044-49) -- These include:
 - 1) Vista Volunteers (For AMI the income is exempt if the client was receiving public assistance at the time of becoming a Vista Volunteer).
 - 2) Volunteers serving as senior health aides, senior companions, or foster grandparents.
 - 3) Persons serving in the Service Corps of Retired Executives (SCORE) or the Active Corps of Executives (ACE).
- j) Unearned income such as need-based payments, cash assistance, compensation in lieu of wages and allowances received through the Jobs Training Partnership Act.
- k) Any payment received under Title I of P.L. 100-383 of the Civil Liberties Act of 1988 (50 U.S.C. 1989b thru 1989b-8).
- l) Any payment received under Title II of P.L. 100-383 of the Aleutian and Pribilof Islands Reorganization Act (50 U.S.C. 1989e thru 1989e-8).
- m) Payments made by the Illinois Department of Mental Health and Developmental Disabilities under the Family Assistance Program for Mentally Disabled Children under P.A. 86-921.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

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Section 120.236 Education Benefits (Repealed)

a) That portion of an educational benefit which is actually used for items such as tuition, books, fees, equipment, transportation, and child care expenses necessary for school attendance shall be exempt.

1) Veterans Educational Assistance

Income from educational benefits paid to a veteran or to a dependent of a veteran shall be exempt only to the extent that it is applied toward educational expenses.

2) Social Security Administration Benefits

Income received as an SSA benefit paid to or for an individual and conditioned upon the individual's regular attendance in a school, college or university, or a course of vocational or technical learning, shall be exempt to the extent that it is applied toward educational expenses.

3) Loans and Grants

Income from educational loans and grants obtained and used under conditions that preclude their use for current living costs shall be exempt.

b) The client must be participating in an education or training program which has been approved by the Department.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.240 Unearned Income In-Kind (Repealed)

a) Unearned income in-kind is payment made by a non-member of the assistance unit in behalf of or in the name of a member of the assistance unit.

b) Payments made by a non-member of the assistance unit for obligations incurred in the name of a member of the assistance unit shall be considered non-exempt unearned income. A payment obligation shall be-

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Section 120.240 Unearned Income In-Kind (Repealed) (Cont'd)

considered as having been incurred in an individual's name if:

1) The individual has signed an agreement to pay for a debt or service. Examples include mortgages and other loans, utilities, charge accounts, credit cards, leases.

2) There is no signed agreement but the provider of goods or services expects the individual to make payment. Examples include rent, child care, private school tuition.

e) Payments made by a non-member of the assistance unit for obligations incurred jointly in the names of assistance unit members and non-assistance unit members shall be considered unearned income in the same proportion as the payment obligation of the assistance unit member(s).

d) When the assistance unit shares a dwelling unit with another family or individual, the exchange of cash for purposes of satisfying payment of shelter-related obligations shall not constitute an income in-kind payment and shall not be considered available to meet the needs of the person who receives and disburses the shelter-related payment.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.245 Earmarked Income (Repealed)

a) Earmarked income is income restricted for the use of a specified individual by court order or by legal stipulation of a contributor.

b) Earmarked income shall be restricted to meet the need of the person for whom it is intended, unless the head of the household decides that such income should be applied to the needs of the total assistance unit and that decision would be to the advantage of that unit.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

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Section 120.250 Lump Sum Payments and Income Tax Refunds
(Repealed)

Lump-sum-payments-shall-be-considered-available-for-the-established-three-month-period-in-which-it-is-received.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.255 Protected Income (Repealed)

Supplemental-Security-income-(SSI)-shall-be-protected-income-which-shall-not-be-considered-available-to-meet-the-needs-of-any-other-individual.

Agency-Notes--Retrospective-lump-sum-payments-made-by-the-Social-Security-Administration-to-SSI-recipients-are-not-protected-income-but-are-to-be-considered-as-any-other-lump-sum-payment.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.260 Earned Income (Repealed)

a) All-currently-available-income-which-is-not-specified-as-exempt-shall-be-considered-in-the-determination-of-eligibility-and-the-level-of-the-assistance-payment.

b) Earned-income-is-remuneration-acquired-through-the-receipt-of-salaries-or-wages-for-services-performed-as-an-employee-or-profits-from-an-activity-in-which-the-individual-is-self-employed.

c) Earned-income-received-from-the-Job-Training-Partnership-Act-must-be-budgeted-against-AMI.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.261 Budgeting Earned Income (Repealed)

Budgeting-is-the-method-by-which-nonexempt-income-is-compared-to-the-applicable-payment-level-(as-contained-in-Section-120.270)-plus-additional-income-maintenance-needs-to-determine-

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Section 120.261 Budgeting Earned Income (Repealed) (Cont'd)

the-amount-of-the-monthly-assistance-payment-for-the-assistance-unit.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.262 Exempt Earned Income (Repealed)

a) The-first-\$50.00-per-month-earned-by-a-child-included-in-the-assistance-unit-who-is-a-full-time-student-shall-be-exempt.

b) The-total-amount-of-exempt-income-of-all-such-children-shall-not-exceed-\$150-per-month.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.270 Recognized Employment Expenses (Repealed)

a) 1) For-employment-expenses,-\$75.00-shall-be-deducted-from-gross-earned-income-of-individuals-full-time-employed-and-employed-throughout-the-month.--For-individuals-not-full-time-employed-or-not-employed-throughout-the-month,-\$60.00-is-deducted-for-employment-expenses.

2) For-this-ful-time-employment-means-the-individual-is-employed-for-at-least-100-hours-during-the-month.--Employed-throughout-the-month-means-the-individual-is-employed-at-least-one-half-of-the-days-of-the-month.

b) 1) In-addition-for-earnings-from-self-employment-and-rental-property,-an-amount-equal-to-the-reasonable-expenses-directly-attributable-to-producing-goods-or-services-or-an-amount-equal-to-the-reasonable-expenses-of-rental-shall-also-be-deducted-from-income.

e) Expenses-of-child-care-shall-be-deducted-from-income-up-to-a-maximum-of-\$160-per-child,-\$128-per-child-if-the-olient-is-not-full-time-employed-or-not-employed-throughout-the-month-as-defined-above.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

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Section 120.271 Income From Work/Study/Training Program
(Repealed)

- a) Income from college work study must be budgeted against AMI.
- b) Earned income received through the Job Training Partnership Act must be budgeted against AMI.
- c) Unearned income such as need-based payments, cash assistance, compensation in lieu of wages and allowances received through the Jobs Training Partnership Act is exempt.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.272 Earned Income From Self-Employment (Repealed)

- a) Income realized from self-employment shall be considered earned income.
- b) Accurate and complete records shall be kept on all monies received and spent through self-employment. If the individual fails or refuses to maintain complete business records, the assistance unit shall be ineligible.

e) Business expenses shall be verified. The individual shall have full responsibility for proof of any business expenses. No deduction shall be allowed for depreciation, obsolescence and/or similar losses in the operation of the business. Gross income from the business shall be turned back into the business only to replace stock actually sold.

- d) The net income shall be the gross remaining after the replacement of stock and business expenses have been considered, and the \$75 appropriate employment expenses and child care expenses, as specified in Section 120.230, have been deducted. The earned income exemption, if applicable, shall be computed on the net income.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

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Section 120.273 Earned Income From Roomer and Boarder
(Repealed)

The gross income from a roomer and/or boarder shall be considered earned income.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.275 Earned Income In-Kind (Repealed)

- a) Earned income in-kind is remuneration received in a form other than cash for services performed. Such remuneration shall include but is not limited to housing, food, (except meals provided while working), satisfaction of a debt or a service provided by the employer for the employee.

- b) Earned income in-kind shall be exempt.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.276 Payments from the Illinois Department of Children and Family Services (Repealed)

Foster-Care Payments

- a) The following foster care payments made by the Department of Children and Families Services (DCFS) are to be considered exempt unearned income when determining the eligibility of the assistance unit (exclusive of the foster child).

- 1) Basic maintenance payments.
- 2) Special services fee payments.
- 3) Intensive service fee payments.
- 4) Monthly retainer fee payments.
- 5) Adoption Subsidies.
- b) Independent living arrangement payments.

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Section 120.276 Payments from the Illinois Department of Children and Family Services (Repealed) (Cont'd)

Payments made by DCFS to wards living independently of a foster home shall be considered non-exempt unearned income when determining the eligibility of the wards children for assistance.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.280 Assets (Repealed)

The value of nonexempt assets shall be considered in determining eligibility for and the amount of the assistance payment.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.281 Exempt Assets (Repealed)

The following assets are exempt from consideration in determining eligibility for AMI.

- a) A home which is the usual residence of the assistance unit.
- b) Clothing, personal effects and household furnishings.
- c) One automobile if the equity value does not exceed \$1500.
- d) The value of the coupon allotment under the Food Stamp Act of 1977 (7 U.S.C. 2017 et seq.).
- e) The value of the U.S. Department of Agriculture donated feeds (surplus commodities).
- f) The value of supplemental food assistance received under the Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.) as amended, and the special food service program for children under the National School Lunch Act as amended.

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Section 120.281 Exempt Assets (Repealed) (Cont'd)

- g) Donations or benefits from fund-raisers held for a seriously ill client providing the client or responsible relative of the client does not have control (e.g., not available to the client or the responsible relative) over the donations or benefits or the disbursement of the donations or benefits.
- h) Any payment received under Title II of P.L. 100-383 of the Civil Liberties Act of 1988 (50 U.S.C. 1985b thru 1985b-8).
- i) Any payment received under Title II of P.L. 100-383 of the American and British Isles Reconciliation Act (50 U.S.C. 1989e thru 1989e-8).
- j) Payments made by the Illinois Department of Mental Health and Developmental Disabilities under the Family Assistance Program for Mentally Disabled Children under P.A. 86-921.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.282 Asset Disregards (Repealed)

In addition to the exempt assets listed in Section 120.281, the cash value of assets shall be disregarded as follows:

\$400 for one adult, \$200 for the second adult and \$100 for each child included in the assistance unit.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.283 Deferral of Consideration of Assets (Repealed)

a) Assistance may be authorized for a period not to exceed six months pending a disposition of non-homesteaded property which is not immediately available.

b) Other nonexempt assets for which consideration may be deferred are fractional interest in real property when a sale or division is not indicated, loan value of

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Section 120.283 Deferral of Consideration of Assets
(Repealed) (Cont'd)

life-insurance-while-adjustment-is-pending,-financial-assistance-or-service-from-temperately-ill-of-un-employed-relatives

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.284 Spend-down of Assets (AMI) (Repealed)

a) Determination-of-Assets

1) For-individuals-residing-in-the-community,-the-Department-determines-the-amount-of-non-exempt-assets-using-the-verified-amount-on-the-date-of-decision-on-the-application-for-medical-assistance--The-date-of-verification-may-be-prior-to-the-date-of-decision--Money-considered-as-income-for-an-enrollment-period-is-not-considered-as-an-asset-for-that-same-enrollment-period--If-income-for-a-month-is-added-to-a-bank-account-that-month,-the-Department-will-subtract-the-amount-of-income-from-the-bank-balance-to-determine-the-asset-level--Any-income-remaining-the-following-month(s)-is-considered-as-an-asset

2)

The-amount-of-non-exempt-assets-verified-during-the-application-process-is-used-on-the-date-of-decision--If-medical-eligibility-includes-a-backdated-month,-for-the-backdated-month(s),-the-Department-will-consider-the-amount-of-assets-available-to-apply-to-the-cost-of-medical-care-the-Department-will-not-determine-the-value-of-assets-for-a-backdated-month(s)-of-eligibility-However,-the-amount-of-the-excess-assets-verified-during-the-application-process-is-used-to-determine-spend-down-status-in-the-backdated-month-of-eligibility

3)

Once-the-excess-asset-has-been-used-to-meet-spend-down,-whether-or-not-the-excess-amount-has-actually-been-reduced,-it-is-no-longer-considered--However,-at-reapplication,-the-Department-will-consider-any-excess-non-exempt-assets-remaining-as-currently-available

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Section 120.284 Spend-down of Assets (AMI) (Repealed)
(Cont'd)

b) Community-Cases

To-determine-the-spend-down-obligation-for-AMI-eligible,-the-Department-will-compare-the-amount-of-countable-income-anticipated-to-be-received-during-the-six-month-enrollment-period-to-the-appropriate-AMI-Standard-and-add-any-non-exempt-assets-in-excess-of-the-appropriate-asset-disregard-to-countable-income-in-excess-of-the-appropriate-AMI-Standard

1) Regular-AMI

When-an-individual-residing-in-the-community,-has-countable-income-during-the-six-month-period-of-not-more-than-99-cents-over-the-appropriate-AMI-Standard-and-has-non-exempt-excess-assets-of-not-more-than-99-cents-over-the-appropriate-asset-disregard,-the-case-is-referred-to-as-a-Regular-AMI-case--Payment-for-covered-services-is-made-for-each-month-of-the-authentication-period

2) Spend-down-AMI

A) When-the-individual-resides-in-the-community-and-has-countable-income-during-the-six-month-period-of-at-least-\$1.00-over-the-AMI-Standard-and/or-non-exempt-assets-of-at-least-\$1.00-in-excess-of-the-asset-disregard-for-the-appropriate-size-household,-the-case-is-referred-to-as-a-community-spend-down-case--The-spend-down-amount-is-the-sum-of-the-amount-of-income-in-excess-of-the-appropriate-AMI-Standard-and-any-non-exempt-assets-in-excess-of-the-appropriate-asset-disregard--The-Department-will-disregard-excess-countable-income-and/or-asset-amounts-that-are-not-at-least-\$1.00-over-the-appropriate-standard-or-disregard

B)

The-transfer-of-asset-policy-set-forth-in-Section-120.285-still-applies--Once-the-eligible-has-been-determined-to-have-a-resource-spend-down-because-of-excess-non-exempt-assets,-the-spend-down-cannot-be-eliminated-by-a-non-allowable-transfer-made-

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Section 120.284 Spend-down of Assets (AMI) (Repealed)
(Cont'd)

- to-qualify-for-or-increase-the-need-for-medical-assistance.
- G) If-the-individual-presents-verifications-that-the-excess-amount-is-no-longer-available-and-the-transfer-of-assets-is-allowable-according-to-policy-set-forth-in-Section-120.285, the-Department-will-make-the-appropriate-changes-the-month-following-the-month-the-assets-were-transferred.---If-the-resource-spend-down-has-been-met, the-policy-set-forth-in-Section-120.285-regarding-transfer-of-assets-does-not-apply.---The-client-may-dispose-of-the-asset-as-he/she-wishes-as-it-has-been-applied-to-a-net-spend-down.
- D) Individuals-enrolled-in-spend-down-are-not-eligible-for-payment-of-covered-medical-services-until-spend-down-is-met. Spend-down-is-met-by-presenting-allowable-medical-bills-or-receipts-to-the-Department-that-equal-the-amount-of-the-individual's excess-countable-income-and/or-non-exempt excess-assets.---Individuals-are-not-required-to-reduce-excess-assets-prior-to-the-issuance-of-a-medical-card.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.285 Property Transfers (Repealed)

- a) The-provisions-for-the-transfer-of-property-(i.e., assets)-do-not-affect-eligibility-for-applications-filed-on-or-after-October-1, 1989-regardless-of-the-date-of-the-transfer-or-the-applications-filed-prior-to-October-1, 1989, if-the-transfer-occurs-on-or-after-October-1, 1989.
- b) The-provisions-listed-below-apply-to-applications-filed-prior-to-October-1, 1989, and-only-with-respect-to-property-(i.e., assets)-transferred-prior-to-October-1, 1989.

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NOTICE OF ADOPTED AMENDMENTS

Section 120.285 Property Transfers (Repealed) (Cont'd)

- 1) A-transfer-of-assets-occurs-when-an-applicant-or-recipient-buys-sells-or-gives-away-residential-property-or-exchanges-(e.g., exchange-from-joint-tenancy-to-tenancy-in-common)-the-way-property-is-held.
- 2) A-transfer-is-allowable-if
- A) the-transfer-occurred-more-than-two-years-from-the-date-of-review
- B) a-fair-market-value-was-received.---Fair-market-value-is-the-price-that-an-astute-or-piece-of-property-might-be-expected-to-bring-if-offered-for-sale-in-a-fair-market.---Fair-market-value-is-determined-by-statements-obtained-from-institutions, community-members, etc.-(e.g., bankers, jewelers, reputable-realtors, etc.)-recognized-as-having-knowledge-of-property-values.
- C) the-transfer-was-involuntary-(e.g., tax-sales, judgment-sales, etc.)
- D) the-transfer-was-due-to-separation-divorce-or-other-settlement-(e.g., when-the-court-orders-a-settlement-of-a-client's-assets-when-the-client-and-the-client's-spouse-divide-their-assets-in-half-without-a-court-order)
- E) the-transfer-was-a-change-from-an-individual-to-joint-bank-account
- F) the-transfer-was-of-exempt-assets
- G) the-transfer-was-an-equal-division-of-marital-assets
- 3) If-the-transfer-does-not-fall-within-the-listing-of-subsection-(b)-above, the-transfer-will-be-reviewed-to-determine-if-the-transfer-was-made-to-qualify-for-or-increase-the-need-for-assistance. If-the-transfer-was-made-to-qualify-for-or-increase-the-need-for-assistance, the-client-is-not-eligible-until-whenever-occurs-first

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NOTICE OF ADOPTED AMENDMENTS

Section 120.285

Property Transfers (Repealed) (Cont'd)

- A) the asset is returned; or
- B) a fair market value is paid to the client; or
- C) the period of time the asset would meet the client's needs has passed; or
- D) two years have passed.
- 4) If a client transfers an asset which is not allowable the client must verify that the transfer was not made to qualify for assistance (e.g., a bank repurchases the property. The client must provide a copy of the representation paper(s) to the Department).

5) Length of Ineligibility

- A) The client is ineligible for assistance for the number of months that the asset would have met his/her needs up to 2 years from the date of the transfer. (To determine the number of months the asset would have met the client's need, divide the amount of the asset by the AMI-Standard plus incurred medical expenses.)

- B) For applicants, the first month of ineligibility is the month of application.

- C) For recipients, the first month of ineligibility is the month assistance was discontinued because of the transfer.

(Source: Repealed at 16 Ill. Reg. 139, effective December 24, 1991)

Section 120.290

Persons Who May Be Included in the Assistance Unit (Repealed)

- 1) AMI cases which include a child in the assistance unit are classified as family cases. Family cases must include at least one eligible child. A child is defined as a person who is

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NOTICE OF ADOPTED AMENDMENTS

Section 120.290

Persons Who May Be Included in the Assistance Unit (Repealed) (Cont'd)

- A) under age 18 and married, but not living with his/her spouse; or
- B) age 18-19 or 20 and living with his/her natural or adoptive parent; or
- C) under age 18 and not married; or
- D) an individual who is defined as a child for the first month of the enrollment period, but becomes an adult later in the enrollment period. Such a person is considered a child for the full enrollment period and AMI authorized as a family case even if the child whose status has changed to adult is the only child in the family case. For any following enrollment period, the Department considers such a person as explained in (b) below as an adult (adult case).

- 2) Only the following adults may be included in a family case:

- A) A specified relative of the child and the spouse of the specified relative; or
- B) The legal guardian of the child and the spouse of the legal guardian; or
- C) The child's parent, regardless of marital status.
- 1) AMI cases are classified as adult cases when assistance is being requested by or on behalf of an individual defined by the Department as an adult. An adult is defined as a person who is:
- A) age 21 or over; or
- B) married and living with spouse, regardless of age, even if living in the residence of his/her natural or adoptive parent; or
- C) age 18-19 or 20 and not living with his/her natural or adoptive parent.

ILLINOIS REGISTER

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NOTICE OF ADOPTED AMENDMENTS

Section Numbers Proposed Action Illinois Register Citation

140.11	Amendment	May 10, 1991 (15 Ill. Reg. 6949)
140.27	Amendment	January 3, 1992 (16 Ill. Reg. 300)
140.94	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.95	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.440	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.441	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.442	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.449	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.469	Amendment	September 20, 1991 (15 Ill. Reg. 13685)
140.512	Amendment	September 13, 1991 (15 Ill. Reg. 13274)
140.513	Amendment	September 13, 1991 (15 Ill. Reg. 13274)
140.514	Amendment	September 16, 1991 (15 Ill. Reg. 11555)
140.530	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.538	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.552	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.560	Amendment	April 19, 1991 (15 Ill. Reg. 5585)

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Section Numbers Proposed Action Illinois Register Citation

140.561	Amendment	May 17, 1991 (15 Ill. Reg. 7482)
140.562	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.569	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.583	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.646	Amendment	May 10, 1991 (15 Ill. Reg. 6949)
140.835	Repealed	November 8, 1991 (15 Ill. Reg. 15933)

15) Summary and Purpose of Adopted Amendments: This rulemaking, along with related rulemaking in 89 Ill. Adm. Code 120 published simultaneously, does two things. First, the Aid to the Medically Indigent program is eliminated. Second, medical coverage for the Department's new State Transitional program under General Assistance (created by Public Act 87-14) is changed. Those clients will no longer be eligible for services provided by a hospital.

16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: David E. Peterson, Deputy General Counsel
Office of the General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMSPART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

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Covered Services Under The Medical Assistance Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP, Individuals Under Age 18 Not Eligible for AFDC, Pregnant Women Who Would Be Eligible if the Child Were Born and Pregnant Women and Children Under Age Eight Who Do Not Qualify As Mandatory Categorically Needy
- 140.4
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- Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
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Medical Services Not Covered
Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
- 140.8
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- Medical Assistance For Qualified Severely Impaired Individuals
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140.TABLE H	Areas of Major Life Activity
140.TABLE I	Staff Time and Allocation for Training Programs (Recodified)
140.TABLE J	HSA Grouping
140.TABLE K	Services Qualifying for 10% Add-On
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AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory

amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10

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Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 10 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140. Table H and 140. Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147. Table A and 147. Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; emergency amendment at 12 Ill. Reg. 14271, effective August 29, 1988; emergency amendment at 12 Ill. Reg. 16921, effective September

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28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366,

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effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; amended at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART A: GENERAL PROVISIONS

Section 140.2 Medical Assistance Programs

- a) Under the Medical Assistance Programs, the Department pays participating providers for necessary medical services, specified in Section 140.3 through 140.7 for:
 - 1) persons eligible for financial assistance under the Department's Aid to the Aged, Blind or Disabled-State Supplemental Payment (AABD-SSP) and Aid to Families with Dependent Children (AFDC) programs (Medicaid - MAG);
 - 2) persons who would be eligible for financial assistance but who have resources in excess of the Department's eligibility standards who have incurred medical expenses greater than the

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Section 140.2 Medical Assistance Programs (Cont'd)

- difference between their income and the Department's standards (Medicaid - MAG);
 - 3) persons receiving financial assistance under the Department's General Assistance (GA) program, either State Transitional Assistance or State Family and Children Assistance (GA-Medical);
 - 4) ~~persons not eligible for financial assistance who have insufficient resources to meet the costs of necessary medical care-Aid-Medicare-Indigent-AMI+-when-the-case-is-not-available-without-change-or-covered-by-health-insurance+~~
 - 5) ~~4~~ individuals under age 18 who do not qualify for AFDC/AFDC-MANG and infants under age one (1) Year (see Section 140.7);
 - 6) ~~5~~ pregnant women who would not be eligible for AFDC/AFDC-MANG if the child were born and who do not qualify as mandatory categorically needy (see Section 140.9);
 - 7) ~~6~~ persons who are eligible for Title IV-E adoption assistance/foster care assistance from another State and who are living in Illinois.
- b) "Necessary medical care" is that which is generally recognized as standard medical care required because of disease, disability, infirmity or impairment.
 - c) The Department may impose prior approval requirements, as specified by rule, to determine whether the medical care is necessary and eligible for payment from the Department in individual situations. Such requirements shall be based on recommendations of technical and professional staff and advisory committees.
 - d) When recipients are entitled to Medicare benefits, the Department shall assume responsibility for their deductible and coinsurance obligations, unless the recipients have income and/or resources available to meet these needs. The total payment to a provider from both Medicare and the Department shall not exceed either the amount that Medicare determines to be a

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Section 140.2 Medical Assistance Programs (Cont'd)

reasonable charge or the Department standard for the services provided, whichever is applicable.

- e) The Department shall pay for services and items not allowed by Medicare only if they are provided in accordance with Department policy for recipients not entitled to Medicare benefits.
- f) The Department may contract with qualified practitioners, hospitals and all other dispensers of medical services for the provision and reimbursement of any and all medical care or services as specified in the contract on a prepaid capitation basis (i.e., payment of a fixed amount per enrollee made in advance of the service); volume purchase basis (i.e., purchase of a volume of goods or services for a price specified in the contract); ambulatory visit basis (i.e., one comprehensive payment for each visit regardless of the services provided during that visit) or per discharge basis (i.e., one comprehensive payment per discharge regardless of the services provided during the stay). Such contracts shall be based either on formally solicited competitive bid proposals or individually negotiated rates with providers willing to enter into special contractual arrangements with the State.

- g) The Department may require that recipients of medical assistance under any of the Department's programs exercise their freedom of choice by choosing to receive medical care under the traditional fee for service system or through a prepaid capitation plan or under one of the other alternative contractual arrangements described in subsection (f). The categories of recipients who may choose or be assigned to an alternative plan will be specified in the contract. Recipients required to make such a choice will be notified in writing by the Department. If a recipient does not choose to exercise his/her freedom of choice, the Department may assign that recipient to a prepaid plan. Under such a plan, recipients would obtain certain medical services or supplies from a single source or limited source. Recipients enrolled in a prepaid plan may disenroll. If a recipient is assigned to a prepaid plan he/she will be permitted to revoke that assignment at any time. The Department will notify recipients in writing if they are assigned to a prepaid plan. Recipients enrolled in or assigned

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Section 140.2 Medical Assistance Programs (Cont'd)

to a prepaid plan will receive written notification advising them of the services which they will receive from the plan. Covered services not provided by the plan will be reimbursed by the Department on a fee for service basis. Recipients will receive a medical eligibility card which will apply to such services. The recipient shall notify the contractor and execute a disenrollment form if he/she wants to disenroll or revoke the assignment.

(Source: Amended at 16 Ill. Reg. 174, effective December 24, 1991)

Section 140.5 Covered Medical Services Under GA and-AMI

The following medical services shall be covered for recipients of financial assistance under the Department's GA (General Assistance) program; recipients of medical assistance under the AMI (Aid to the Medically Indigent Program) program; and for both the State Transitional Program and the State Family and Children Program unless otherwise indicated.

- a) Inpatient hospital services* (State Family and Children Program only);*
- b) Hospital outpatient and clinic services for surgical procedures, renal dialysis or cancer therapy (State Family and Children Program only);
- c) Hospital emergency room visits (State Family and Children Program only);**
- d) Encounter rate clinic visits;
- e) Physician services;
- f) Vital pharmacy services;***
- g) Vital medical supplies, equipment;
- h) Group care services, subject to prior approval;
- i) Family planning services;
- j) Laboratory and x-ray;

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Section 140.5 Covered Medical Services Under GA and-AMI (Cont'd)

- k) Transportation to secure medical services;
- l) Dental services (Emergency only: relief of pain and infection, including necessary filling and extractions)
- m) Optical services and supplies if the GA recipient has obtained employment and needs glasses to work,--~~{this-applies-only-to-GA-}~~;
- n) Prosthesis, orthoses;****
- o) Home health agency visits;****
- p) Hospice.

*AGENCY NOTE: Physical rehabilitation services and psychiatric services are not covered for GA (age 18 and over)-and-AMI-recipients

**AGENCY NOTE: The visit must be for the alleviation of severe pain or for immediate diagnosis and/or treatment of conditions or injuries which might result in disability or death if there is not immediate treatment.

***AGENCY NOTE: Those items necessary for life maintenance or to avoid life threatening situations.

****AGENCY NOTE: Only when essential for employment or expediting hospital discharge.

*****AGENCY NOTE: Only on a prior approval basis when the medical condition is documented by the physician as terminal.

(Source: Amended at 16 Ill. Reg. 174, effective December 24, 1991)

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NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of Part: Floodway Construction in Northeastern Illinois
- 2) Code Citation: 92 Ill. Adm. Code 708
- 3) Section Numbers: Adopted Action: Amend
708.70
- 4) Statutory Authority: Ill.Rev.Stat.1989, ch. 19, par. 52 et seq.
- 5) Effective date of rules: December 19, 1991
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this amendment contain incorporations by reference? No
- 8) Date filed in agency's principal office: December 17, 1991
- 9) Notice of proposal published in Illinois Register:
May 31, 1991, 15 Ill. Reg. 8193
- 10) Has JCAR issued a statement of objections to these rules?
No
- 11) Differences between proposal and final version:
The Department corrected the length of spaces in the Source Notes.
In Section 708.70(c)(12), the Department changed the word "habitable" to "floor" and inserted the phrase "and which will not block flood flows".
- 12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the agreements letter issued by JCAR? Yes.
- 13) Will this rule replace an Emergency Rule currently in effect? No
- 14) Are there any amendments pending on this Part? No

DEPARTMENT OF TRANSPORTATION

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15) Summary and purpose of rules:

By this rulemaking, the Department is adopting a restriction which prohibits the replacement, reconstruction or repair of a building within a floodway, which has been damaged to 50% or more of its market value before damage occurred. This amendment will allow such buildings to be replaced, reconstructed or repaired provided the outside dimensions are not increased and provided the building will be protected from flooding to or above the 100-year frequency flood elevation. The Department believes that the current rule is overly restrictive and might result in an unreasonable hardship to owners of damaged buildings in a floodway. This amendment will make Part 708 consistent with the minimum requirements of the Federal Emergency Management Agency for community participation in the National Flood Insurance Program.

This amendment also clarifies that minor modifications to existing buildings are considered appropriate uses and, therefore, are permissible as long as they meet the Department's minimum standards. Specifically, regulatory floodway storage and conveyance must be preserved. The Department believes that minor modifications of existing buildings such as fireplaces, bay windows, decks, patios and second story additions (including vertical additions and additions above the 100-year frequency flood elevation which have no new supports below the 100-year frequency flood elevation) are appropriate use of the floodway and are consistent with the legislative intent of the statutory authority.

16) Information and questions regarding these adopted rules shall be directed to:

Mr. David R. Boyce, P. E.
Chief, Floodplain Management Section
Department of Transportation
Division of Water Resources
P.O. Box 19484
Springfield, Illinois 62794-9484
(217) 782-3862

The full text of the Adopted Rules begins on the next page:

DEPARTMENT OF TRANSPORTATION

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 92: TRANSPORTATION

CHAPTER 1: DEPARTMENT OF TRANSPORTATION

SUBCHAPTER 1: WATER RESOURCES

PART 708

FLOODWAY CONSTRUCTION IN NORTHEASTERN ILLINOIS

Section	Purpose
708.10	Definitions
708.20	Jurisdiction
708.30	General Provisions
708.40	Regulatory Floodway Maps
708.50	Delineation of the Regulatory Floodway
708.60	Permitting Appropriate Uses of the Regulatory Floodway
708.70	Changes to the Regulatory Floodway
708.80	Delegation to Municipalities and Counties
708.90	Violations
708.100	Permit Application
708.110	Public Notice
708.120	Public Hearings
708.130	Time to Permit Issuance; Emergency Authorizations; Duration; Revisions
708.140	Permit Conditions
708.150	General Permits
708.160	Regional Permits
708.170	Final Administrative Decisions
708.180	Effective Date
708.190	

AUTHORITY: Implementing and authorized by Section 189 of "AN ACT in relation to the regulation of the rivers, lakes and streams of the State of Illinois" (Ill. Rev. Stat. 1989, ch. 19, par. 65g).

SOURCE: Adopted at 12 Ill. Reg. 20547, effective November 29, 1988; amended at 13 Ill. Reg. 8667, effective May 23, 1989; amended at 16 Ill. Reg. 194, effective December 19, 1991.

Section 708.70 Permitting Appropriate Uses of the Regulatory Floodway

- a) The Department will issue permits for appropriate uses of the regulatory floodway of which periodic inundation will not pose a danger to the general health and welfare of the user or require the expenditure of public funds or the provisions of public resources or disaster relief services, (Section 189 of the Act) or result in increased flood stages due to the singular or cumulative loss of regulatory floodway storage or regulatory floodway conveyance or increase in flood velocities.
- b) To receive a permit for work in the regulatory floodway, the proposed construction shall meet two criteria:
- 1) The proposed construction shall be an appropriate use of the

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regulatory floodway as defined in this subsection (c); and

2) The proposed construction shall not reduce the regulatory floodway storage or conveyance and shall not increase regulatory floodway velocities.

c) Appropriate uses of the regulatory floodway that will be considered for permit issuance consist of construction, modification, repair, or replacement of:

- 1) Flood control structures, dikes, dams and other public works or private improvements relating to the control of drainage, flooding or erosion (Section 18g of the Act) or water quality or habitat for fish and wildlife (e.g. Section 708.80(a)(3) and (a)(4));
- 2) Structures or facilities relating to the use of, or requiring access to, the water or shoreline, such as pumping and treatment facilities, and facilities and improvements related to recreational boating, commercial shipping and other functionally dependent uses (Section 18g of the Act);
- 3) Storm and sanitary sewer outfalls;
- 4) Underground and overhead utilities;
- 5) Recreational facilities such as playing fields and trail systems including any related fencing built parallel to the direction of flood flows;
- 6) Detached Garages, storage sheds, or other non-habitable accessory structures to existing buildings that will not block flood flows. This does not include the construction or placement of any other new structures, (Section 18g of the Act) fill, building additions, buildings on stilts, fencing (including landscaping or plantings designed to act as a fence) and the storage of materials;
- 7) Bridges, culverts, roadways, sidewalks, railways, runways and taxiways and any modification thereto;
- 8) Parking lots (where depth of flooding at the 100-year frequency flood event will not exceed 1.0 foot) and aircraft parking aprons built at or below ground elevation and any modification thereto;
- 9) Regulatory floodway regrading, without fill, to create a positive slope toward a watercourse;
- 10) Flood proofing activities to protect existing structures such as, but not limited to, constructing water tight window wells, and elevating; and
- 11) ~~in-the-case-of-damaged-or-replacement-buildings-reconstruction or-repairs-made-to-a-building-that-is-valued-at-less-than-50%-of-the-market-value-of-the-building-before-it-was-damaged-or replaced-and-which-does-not-increase-the-outside-dimensions-of the-building:~~
- 11) The replacement, reconstruction or repair of a damaged building provided that the outside dimensions of the building are not increased and, provided that, if the building is damaged to 50% or more of the building's market value before it was damaged, the building will be protected from flooding to or above the 100-year

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frequency flood elevation; and

12) Modifications to an existing building that would not increase the enclosed floor area of the building below the 100-year frequency flood elevation, and which will not block flood flows including but not limited to, fireplaces, bay windows, decks, patios, and second story additions.

d) The construction of an appropriate use below the 100-year frequency flood elevation will be considered permissible provided the proposed project meets the following criteria and is so stated in writing with supporting plans, calculations and data by a registered professional engineer or in the case of a federal project, by the federal agency:

- 1) In the case of the construction of a new bridge or culvert crossing and roadway approach, the proposed structure shall not result in an increase of upstream flood stages greater than 0.1 foot when compared to the existing conditions for all flood events up to and including the 100-year frequency event; or the upstream flood stage increases will be contained within the channel banks (or within existing vertical extensions of the channel banks) such as within the design protection grade of existing levees or flood walls or within recorded flood easements; or a flood control project is built to mitigate the increased backwater due to the structure.
- 2) In the case of bridge and culvert reconstruction or modification, the bridge or culvert and roadway approach reconstruction or modification shall be constructed with no more than 0.1 foot increase in backwater over the existing flood profile for all flood frequencies up to and including the 100-year event, if the existing structure is not a source of flood damage. The proposed construction shall meet the following criteria:
 - A) The proposed structure, including approach roads, does not result in an increase in upstream stages for normal and flood flows when compared to the existing structure.
 - B) On publicly navigated waterways, the proposed structure is not an obstruction to navigation.
 - C) The determination as to whether the existing structure is a source of flood damage shall be made according to the following method:
 - i) Determine the increase in upstream flood profile due to the existing bridge or culvert by calculation or from the flood study used to delineate the regulatory floodway for all reported flood profiles up to and including the 100-year flood.
 - ii) Determine if there are any buildings or structures located in the 100-year flood plain upstream of the existing bridge or culvert that may be subjected to flooding. The upstream flood plain shall be checked for the length of stream required for the backwater impacts due to the existing bridge or culvert to be reduced to 0.1 foot or less.

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- iii) Collect the low opening elevations or lowest damageable elevations of the upstream buildings and structures as identified in subsection (d)(2)(c)(ii), above. Determine if any buildings or structures are subject to inundation by the 100-year frequency flood event.
- 3) In the case of bridge or culvert reconstruction and modification, if the existing bridge or culvert and roadway approach is a source of flood damage to buildings or structures in the upstream flood plain, based on the above review, the applicant's engineer must evaluate the feasibility of redesigning the structure to reduce the existing backwater, taking into consideration the effects on flood stages on upstream and downstream properties.
 - A) The applicant's engineer must submit to the Department his or her evaluation to justify why the proposed structure should be designed to allow an increase in the upstream flood stage of more than 0.1 foot when compared to a flood stage without the existing bridge or culvert or roadway approach in place for all flood events up to and including the 100-year frequency event.
 - B) The evaluation shall also consider the feasibility of containing the upstream flood stage increases within the channel banks (or within existing vertical extensions of the channel banks such as within the design protection grade of existing levees or flood walls), or within recorded flood easements; or constructing a flood control project to mitigate the increased backwater due to the structure.
- 4) In the case of any other on-stream structure built for the purpose of backing up water in the stream during normal or flood flows, but not permitted as a dam according to 92 Ill. Adm. Code 702 (Construction and Maintenance of Dams), the proposed structure shall not result in an increase of upstream flood stages greater than 0.0 foot when compared to the existing conditions, for all flood events up to and including the 100-year frequency event; or the upstream flood stage increases will be contained within the channel banks (or within existing vertical extensions of the channel banks) such as within the design protection grade of existing levees or flood walls or within recorded flood easements; or a flood control project is built to mitigate the increased backwater due to the structure.
- 5) In the case of the construction of appropriate uses other than bridge or culvert crossings, on-stream structures or dams, all effective regulatory floodway conveyance lost due to the project will be replaced for all flood events up to and including the 100-year frequency flood. In calculating effective regulatory floodway conveyance, the following factors must be taken into consideration:
 - A) Regulatory floodway conveyance, " K " = $\frac{1.486}{n} AR^{2/3}$ where " n "

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- is Manning's roughness factor, " n " is the effective area of the cross-section, and " R " is the ratio of the area to the wetted perimeter (See Open Channel Hydraulics, Ven Te Chow, 1959 Edition, McGraw-Hill Book Company, New York, New York. This incorporation contains no later editions or amendments).
- B) The same Manning's " n " value shall be used for both existing and proposed conditions unless a recorded maintenance agreement with a federal, state or local unit of government can assure the proposed conditions will be maintained or the land cover is changing from a vegetative to a non-vegetative land cover.
 - C) Transition sections must be provided and used in calculations of effective regulatory floodway conveyance. The following expansion and contraction ratios shall be used unless an applicant's engineer can prove to the Department through engineering calculations and model tests that more abrupt transitions may be used with the same efficiency:
 - i) When water is flowing from a narrow section to a wider section, the water should be assumed to expand no faster than at a rate of one foot horizontal for every four feet of the flooded stream's length.
 - ii) When water is flowing from a wide section to a narrow section, the water should be assumed to contract no faster than at a rate of one foot horizontal for every one foot of the flooded stream's length.
 - iii) When expanding or contracting flows in a vertical direction, a minimum of one foot vertical transition for every ten feet of stream length shall be used.
 - iv) Transition sections shall be provided between cross-sections with rapid expansions and contractions and when meeting the regulatory floodway delineation on adjacent properties.
 - v) All cross-sections used in the calculations must be located perpendicular to flood flows.
 - 6) For all appropriate uses, compensatory storage shall be provided for any regulatory floodway storage lost due to the proposed work from the volume of fill or structures placed and the impact of any related flood control projects. Artificially created storage lost due to a reduction in head loss behind a bridge shall not be required to be replaced. The compensatory regulatory floodway storage must be placed between the proposed normal water elevation and the proposed 100-year flood elevation. All regulatory floodway storage lost above the existing 10-year flood elevation must be replaced above the proposed 10-year flood elevation. If the compensatory storage will not be placed at the location of the proposed construction,

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the applicant's engineer must demonstrate to the Department through a determination of flood discharges and water surface elevations that the compensatory storage is hydraulically equivalent.

- 7) For all appropriate uses, except bridges or culverts or on-stream structures, the proposed work will not result in an increase in the average channel or regulatory floodway velocities. However in the case of bridges or culverts or on-stream structures built for the purpose of backing up water in the stream during normal or flood flows, velocities may be increased at the structure site if scour, erosion and sedimentation will be avoided by the use of rip-rap or other design measures.

- 8) When excavation is proposed in the design of the bridge and culvert openings, including the modifications to and replacement of existing bridge and culvert structures, or to compensate for lost conveyance for other appropriate uses, transition sections must be provided for the excavation. The following expansion and contraction ratios shall be used unless an applicant's engineer can prove to the Department through engineering calculations and model tests that more abrupt transitions may be used with the same efficiency:

- A) When water is flowing from a narrow section to a wider section, the water should be assumed to expand no faster than at a rate of one foot horizontal for every four feet of the flooded stream's length;
- B) When water is flowing from a wide section to a narrow section, the water should be assumed to contract no faster than at a rate of one foot horizontal for every one foot of the flooded stream's length; and
- C) When expanding or contracting flows in a vertical direction, a minimum of one foot vertical transition for every ten feet of stream length shall be used.

- 9) If the 100-year regulatory floodway elevation at the site of the proposed construction is affected by backwater from a downstream receiving stream with a larger drainage area, the proposed construction shall be shown to meet the requirements of this section for the 100-year frequency flood elevations of the regulatory floodway conditions and conditions with the receiving stream at normal water elevations. However, for bridge and culvert construction or reconstruction, a smaller bridge or culvert may be built if it can be demonstrated to the Department that the proposed structure would meet the requirements of this section for the 100-year frequency flood elevation of the regulatory floodway flood study profile and would not be a source of flood damage as determined according to the method described in subsection (d)(2)(C)(i)-(iii), to any existing upstream building or structure when analyzed as follows. The proposed bridge or culvert shall be analyzed for a 100-year flood frequency flow on the tributary stream and for all tailwater

elevations on the receiving stream between and including the normal water elevation and the 10-year flood frequency elevation. 10) If an applicant learns from the Department, local government or a private owner that a downstream restrictive bridge or culvert is scheduled to be removed, reconstructed, modified, or a public flood control project is scheduled to be built within the next five years, the proposed construction shall be analyzed and shown to meet the requirements of this section for both the existing conditions and the expected flood profile conditions when the bridge, culvert or flood control project is built.

- 11) In the case of flood proofing activities, if construction is required beyond the outside dimensions of an existing building, the flood proofing construction shall be placed as close as possible to the existing building and be the minimum width necessary to protect the building. Compensation of lost storage and conveyance will not be required for flood proofing activities.

- 12) For public flood control projects, the permitting requirements of this section will be considered met if the applicant can demonstrate to the Department through hydraulic and hydrologic calculations that the proposed project will not singularly or cumulatively result in increased flood heights outside the project right-of-way or easements for all flood events up to and including the 100-year frequency event.

- 13) If the appropriate use would result in a change in the regulatory floodway location or the 100-year frequency flood elevation, the applicant shall submit to the Department and to FEMA all the information, calculations and documents necessary to be issued a conditional regulatory floodway map revision and receive from the Department a conditional approval of the regulatory floodway change before a permit is issued. However, the final regulatory floodway map will not be changed by the Department until as-built plans are submitted and accepted by FEMA and the Department. In the case of non-government projects, the municipality in incorporated areas and the county in unincorporated areas must concur with the proposed conditional regulatory floodway map revision before Department approval can be given.

- 14) All engineering analyses shall be performed by or under the supervision of a registered professional engineer, except in the case of a federal project.

- 15) All dams, as defined by 92 Ill. Adm. Code 702, shall meet the permitting requirements of Part 702 (Construction and Maintenance of Dams).

(Source: Amended at 16 Ill. Reg. 194, effective December 19, 1991)

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- 1) Heading of the Part: Home Ownership Made Easy Act
- 2) Code Citation: 74 Ill. Adm. Code 750
- 3) Section Numbers:
750.40 Adopted Action:
Amended
750.Appendix B
750.Appendix C New Section
- 4) Statutory Authority: Implementing and authorized by the Home Ownership Made Easy Act of 1989 (the "Program") (Ill. Rev. Stat. 1989, Ch. 67 1/2, pars. 1101 et seq., as amended by Public Act 86-1462, effective July 1, 1991.

- 5) Effective Date of Amendments: December 18, 1991

- 6) Does this rulemaking contain an automatic repeal date? No.

- 7) Does this rulemaking contain incorporations by reference?
No.

- 8) Date filed in Agency's Principal Office: October 6, 1991

- 9) Notice of Proposal Published in Illinois Register: October 18, 1991; 15 Ill. Reg. 15035

- 10) Has JCAR issued a Statement of Objections to this rule? No.

- 11) Difference(s) between proposal and final version:

- a) Section 750.Appendix B - In paragraph 4 of the Account Registration Form the additional option for payroll deductions was added.

- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR:
Yes.

- 13) Will this rulemaking replace an emergency rule currently in effect? No.

- 14) Are there any amendments pending on this Part? No.

- 15) Summary and Purpose of rulemaking? These amendments are to encourage employers of H.O.M.E. participants to match employees deposits as another form of employee benefits. In

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addition, H.O.M.E. participants may receive gifts in the form of direct deposits into their H.O.M.E. account.

- 16) Information and questions regarding this adopted rulemaking shall be directed to:

Maria P. Peterson (312)814-1421
Director of Housing
Office of the State Treasurer
100 W. Randolph, C-23
Chicago, IL 60601

The full text of the Adopted Amendments begins on the next page.

NOTICE OF ADOPTED AMENDMENT(S)

TITLE 74: PUBLIC FINANCE
CHAPTER V: TREASURER

PART 750
HOME OWNERSHIP MADE EASY ACT

Section

750.10 Treasurer's Contractual Authority
750.20 Eligibility for the Program
750.30 Enrollment Procedures
750.40 Saver Deposit Options
750.50 Participant Statement
750.60 Common Calendar Year
750.70 The H.O.M.E. Program Investment Options
750.80 Tax Reporting
750.90 Withdrawal Requests
750.100 Termination Requests
750.110 Treasurer's Certification of H.O.M.E. Participants
750.120 Benefits of Program Certification
750.130 Illinois Housing Development Authority Mortgage Priority
750.140 Payment of Expenses
APPENDIX A Certification Notice and Instructions for Using Your H.O.M.E. Certification
APPENDIX B Account Registration Form
APPENDIX C Employer Deduction Authorization Form

AUTHORITY: Implementing and authorized by the Home Ownership Made Easy Act of 1989 (Ill. Rev. Stat. 1989, ch. 67 1/2, pars. 1101 et seq., as amended by Public Act 86-1462, effective July 1, 1991).

SOURCE: Adopted at 15 Ill. Reg. 14121, effective September 17, 1991; amended at 16 Ill. Reg. 203, effective December 18, 1991.

Section 750.40 Saver Deposit Options

- a) Pre-authorized withdrawals from saver's checking account on monthly basis in the amount of \$50.00 or more. The saver must sign an authorization form and provide a voided check with his application.
- b) Coupon remittances to be used either monthly, quarterly or semi-annually to accompany checks or money orders in the amount of \$50.00 or more. The saver will be provided with a deposit coupon book with preprinted remittance coupons.
- c) Gifts in the form of checks or money orders from any third party to the participant's fund may be deposited provided that the deposit include participant's social security number.
- d) Pre-authorized employer deductions from the participant's payroll check, based on employer's pay period, in the amount of \$25.00 or more may be deposited into the participant's fund. The participant's social security number must be included with the deposit. The saver

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must sign an authorization form and provide a copy of same with his application.

(Source: Amended at 16 Ill. Reg. 203, effective December 18, 1991)

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Section 750. APPENDIX B Account Registration Form

ACCOUNT REGISTRATION FORM

1. YOUR ACCOUNT

Owner's Name (First, Initial, Last) _____ Birthdate _____
Owner's Social Security Number _____
Joint Owner's Name (First, Initial, Last) _____
Joint Owner's Social Security Number _____ Birthdate _____

Joint accounts will be registered joint tenants with the right of survivorship unless otherwise indicated.

2. YOUR ADDRESS

Street or P.O. Box Number _____
City _____ State _____ Zip Code _____
Citizenship: U.S. _____ Resident _____ Non-Resident _____
Alien _____ Alien _____
() _____ () _____
Daytime Phone _____ Evening Phone _____

3. YOUR INITIAL DEPOSIT

Please Indicate The Amount of Your Initial Deposit. This Amount Must Be \$250 or More.

\$ _____
(Make your check payable to "The H.O.M.E. Fund")

4. YOUR REGULAR METHOD OF SAVINGS

Please Indicate How You Wish To Make Your Regular H.O.M.E. Savings Deposits.

Coupon Book _____

For us to help you meet your savings goal, tell us how much you want

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to save each month.

\$ _____
You may deposit more or less each month. You may make deposits quarterly if you choose, but you must make at least two deposits a year. Your deposits must be in any amount of \$50 or more.

Pre-Authorized Monthly Withdrawal _____

On the (please circle) 1st/15th day of each month transfer \$ _____.

Attach a voided check to your application.

Employer Payroll Deduction _____

Based on your employer's pay period, please indicate how much you want deducted from your paycheck to be directly deposited into your H.O.M.E. account.

\$ _____

You must deposit a minimum of \$25.00 through the payroll deduction plan and complete the attached Employer Deduction Authorization Form.

5. SIGNATURE

To help us make sure the H.O.M.E. Program meets your needs, please provide us with the information below. This does not affect your application.

- Expected Years Before Buying House _____
- Desired Downpayment to be Saved in the H.O.M.E. Program \$ _____

By signing this form, I/we certify that:

- I/we understand that Fund shares are not backed or guaranteed by any bank or insured by the FDIC.
- I/we have read and comply with the eligibility requirements to participate in the H.O.M.E. Program. Within the last two years I/we have not owned nor do I/we currently own residential real estate.
- I/we have received a current prospectus of the Fund and agree to be bound by its terms.
- Under penalty of perjury, I/we certify that the number shown on this form is my correct taxpayer ID number.
- Under penalty of law, I/we certify that: Please check one:

_____ I am not subject to backup withholding because (i) I have not been notified by the Internal Revenue Service that I am subject

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to backup withholding as a result of a failure to report all interest or dividends, or (ii) the IRS has notified me that I am no longer subject to backup withholding.

I have been notified by the IRS that I am subject to backup withholding.

If I/we have chosen to have my/our deposits automatically made to my/our account, I/we authorize the H.O.M.E. Fund to secure payment of amounts invested by me/us by withdrawing from my/our account at the bank named above. I/we authorize the bank to accept any such withdrawals without responsibilities for the correctness thereof.

PLEASE SIGN HERE AS YOUR NAME IS SHOWN IN SECTION 1:
(If a joint account, both owners must sign.)

Signature (Owner) _____ Date _____

Signature (Joint Owner) _____ Date _____

Welcome to the H.O.M.E. Program!

FOR OFFICE USE ONLY

Account # _____ Date Received _____ Initials of Receiver _____

(Source: Amended at 16 Ill. Reg. 203, effective December 18, 1991.)

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Section 750-APPENDIX C Employer Deduction Authorization Form

I, _____, authorize my employer, _____, to deduct from my payroll check \$ _____ per pay period for it to deposit directly into my Home Ownership Made Easy account.

Account information (please print):

Employee's Name (First, Initial, Last) _____

Employee's Social Security No. _____ Birthdate _____

Street or P.O. Box Number _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

(Source: Added at 16 Ill. Reg. 203, effective December 18, 1991.)

DEPARTMENT OF MENTAL HEALTH AND
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NOTICE OF EMERGENCY RULES

1) Heading of the Part: Medicaid Community Mental Health Services Program2) Code Citation: 59 Ill. Adm. Code 1323) Section Numbers:

Emergency Action:

New Section
 132.10
 New Section
 132.15
 New Section
 132.20
 New Section
 132.25
 New Section
 132.30
 New Section
 132.35
 New Section
 132.40
 New Section
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 New Section
 132.170
 132.Appendix A
 132.Appendix B
 Table A
 Table B
 Table C

DEPARTMENT OF MENTAL HEALTH AND
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4) Statutory Authority: Implementing Ill. Rev. Stat. 1989 and 1990 Supp., ch. 91½, pars. 100-15.3 and 901 et seq.; authorized by Ill. Rev. Stat. 1989 and 1990 Supp., ch. 91½, pars. 5-104 and 100-5.5) Effective Date of Rules: December 31, 1991.6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they are to expire: These amendments will not expire before the end of the 150-day period.7) Date Filed in Agency's Principal Office: December 20, 1991.8) Reason for Emergency:

These rules are adopted in response to a recent ruling of the U.S. Health Care Finance Administration that mental health services as defined in 59 Ill. Adm. Code 130 must be provided on-site at a clinic, when provided to other than homeless persons, in order to qualify for federal reimbursement under Title XIX of the Social Security Act (Medicaid). The Department finds that this ruling creates a situation which constitutes a threat to the public interest, safety and welfare in that the State would be forced to severely limit the availability of medically necessary services to mentally ill adults, children and adolescents. Provider participation in voluntary programs would be significantly restricted. Additionally, state fiscal resources would be further strained by the loss of federal reimbursement for services which do not conform to the delineation between clinical, rehabilitative and case management services as provided for in these rules.

Since provider participation in this program is voluntary, it was necessary to secure the providers' input prior to restructuring these services. Since that input has now been obtained, adoption of these rules at the earliest possible date is necessary to assure the availability of much-needed mental health services and to minimize the loss of federal financial participation for services actually provided. The Department intends to repeal Part 130, Mental Health Clinic Program Standards and Provider Requirements (59 Ill. Adm. Code 130), upon adoption of Part 132.

9) A Complete Description of the Subjects and Issues Involved:

These rules allow the Department of Mental Health and Developmental Disabilities and the Department of Children and Family Services (DCFS) to expand the type and availability of medically-necessary mental health services and increase the number of providers participating in a voluntary program.

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Specifically these rules allow agencies to participate under one or more of the Medicaid options (i.e., clinic, rehabilitative and case management); provide off-site rehabilitative services; provide case management services; and permit differing qualified levels of staff to participate in the provision of services. In addition, these amendments further enhance DCFS' capabilities to comply with the terms of a consent decree regarding timely discharges of children and adolescents from psychiatric institutions.

10) Are there any proposed amendments to this Part pending? No.

11) Statement of Statewide Policy Objectives: This rulemaking does not impact the State Mandates Act (Ill. Rev. Stat. 1989, ch. 85, par. 2201 et seq.)

12) Information and questions regarding this amendment shall be directed to:

Name: Leigh Steiner, Ph.D.
Associate Director
Division of Mental Health

Address: 400 Stratton Building
401 South Spring Street
Springfield, IL 62765

Telephone: 217/782-7555

The full text of the emergency amendments begins on the next page.

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TITLE 59: MENTAL HEALTH
CHAPTER I: DEPARTMENT OF MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIESPART 132
MEDICAID COMMUNITY MENTAL
HEALTH SERVICES PROGRAM

SUBPART A: GENERAL PROVISIONS

Section	Purpose
132.10 EMERGENCY	
132.15	Incorporation by reference
EMERGENCY	
132.20	Clients' rights and confidentiality
EMERGENCY	
132.25	Definitions
EMERGENCY	
132.30	Application and certification process
EMERGENCY	
132.35	Recertification and reviews
EMERGENCY	
132.40	Certification process for additional Medicaid community mental health services
EMERGENCY	
132.45	Suspension of certification
EMERGENCY	
132.50	Termination of certification
EMERGENCY	
132.55	Certification appeal criteria and process
EMERGENCY	
132.60	Rate setting
EMERGENCY	

SUBPART B: PROVIDER ADMINISTRATIVE REQUIREMENTS

132.65 EMERGENCY	Organizational structure
132.70 EMERGENCY	Personnel and administrative recordkeeping
132.75 EMERGENCY	Program evaluation
132.80 EMERGENCY	Fiscal and statistical
132.85 EMERGENCY	Recordkeeping
132.90 EMERGENCY	Provider site(s)

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EMERGENCY

SUBPART C: UTILIZATION REVIEW AND CONTINUITY OF SERVICES

Utilization review

132.95

EMERGENCY

Clinical records

132.100

EMERGENCY

132.105

EMERGENCY

132.110

EMERGENCY

Continuity and coordination of services

Availability of services

SUBPART D: CLINIC SERVICES

Provisions

132.115

EMERGENCY

132.120

EMERGENCY

132.125

EMERGENCY

132.130

EMERGENCY

132.135

EMERGENCY

132.140

EMERGENCY

Comprehensive assessment

Treatment plan development and modification

Psychiatric treatment

Crisis intervention

Day treatment

SUBPART E: REHABILITATIVE SERVICES

Provisions

132.145

EMERGENCY

132.150

EMERGENCY

132.155

EMERGENCY

Rehabilitative mental health services

Family intervention, stabilization and reunification services

SUBPART F: CASE MANAGEMENT SERVICES

Provisions

132.160

EMERGENCY

132.165

EMERGENCY

132.170

EMERGENCY

Mental health case management services

Rehabilitative case management

132.Appendix A Medicaid Community Mental Health Services Application

EMERGENCY

132.Appendix B

Table A

EMERGENCY

Table B

Components

Mental Health Clinic Program Client Services

Utilization Parameters

Rehabilitative Mental Health Services Utilization Parameters

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DEVELOPMENTAL DISABILITIES

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EMERGENCY

Table C

EMERGENCY

Family Intervention Stabilization and Reunification Services
Utilization Parameters

AUTHORITY: Implementing and authorized by the Community Services Act (Ill. Rev. Stat. 1989, ch. 91½, pars. 901 et seq.) and Section 15.3 of the Department of Mental Health and Developmental Disabilities Act (Ill. Rev. Stat. 1990 Supp., ch. 91½, par. 100-15.3).

SOURCE: Emergency rules adopted at 16 Ill. Reg. 211, effective December 31, 1991 for a maximum of 150 days.

SUBPART A: GENERAL PROVISIONS

Section 132.10 Purpose

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a) The requirements set forth in this Part establish criteria for participation by providers who voluntarily elect to participate in the Medicaid community mental health program. The Medicaid community mental health program shall include the provision of specific mental health services pursuant to Subparts D, E and F supported financially in whole or in part by the Department of Mental Health and Developmental Disabilities, the Department of Children and Family Services (DCFS) and by Medicaid (42 U.S.C.A. 1396 et seq., 1983) for grants to states for medical assistance eligible clients, under the Illinois medical assistance program (89 Ill. Adm. Code 140) (Medical Payment) administered by the Department of Public Aid.

b) These requirements are for the purpose of assuring that clients receiving Medicaid community mental health services shall receive quality services in accordance with this Part and in accordance with 42 CFR 440 and 456, 1989 for Medicaid-eligible clients.

c) The Department and DCFS shall use these requirements to certify, recertify, and periodically review providers participating in the Medicaid community mental health program including the certification and recertification of the provider's eligibility for approval and enrollment in the Illinois medical assistance program by the Department of Public Aid (89 Ill. Adm. Code 140) (Medical Payment).

d) The Medicaid community mental health program shall include assessment, treatment, and rehabilitative services for clients who require mental health services as indicated by a diagnosis contained in the International Classification of Diseases, Clinical Modification, Ninth Revision (ICD-9-CM) (Commission on Professional

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and Hospital Activities, Edwards Brothers, Ann Arbor, Michigan 48106, 1979). This shall include services designed to benefit clients:

- 1) With current symptoms of mental illness who require an assessment to determine the need for mental health treatment and/or rehabilitation; or
 - 2) Who are assessed to require medically necessary mental health treatment and/or rehabilitation services, to promote growth and/or maintenance of age appropriate or independent role functioning; or
 - 3) Who are experiencing a substantial change/deterioration in age appropriate or independent role functioning, a high level of personal distress, and who require crisis intervention services to achieve stabilization; or
 - 4) Who, because of substantial impairment in role functioning, require multiple coordinated rehabilitation services delivered in a variety of settings, on an emergency or non-emergency basis.
- e) A provider certified under 59 Ill. Adm. Code 130 prior to January 1, 1992, is deemed to be certified under this Part. Certification for those services beyond those enrolled under 59 Ill. Adm. Code 130 requires a written request to the Department from the provider with detailed program description(s), including staff qualifications, for each new additional service to be provided.

Section 132.15 Incorporation by reference
EMERGENCY

Any rules or standards of an agency of the United States or of a nationally-recognized organization or association that are incorporated by reference in this Part are incorporated as of the date specified and do not include any later amendments or editions.

Section 132.20 Clients' rights and confidentiality
EMERGENCY

To assure that clients' rights are protected and that all services provided to clients comply with the law, providers shall ensure that:

- a) The clients' rights shall be protected in accordance with Chapter 2 of the Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1989, ch. 91 1/2, par. 2-100 et seq.).

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- b) The right of clients to confidentiality shall be governed by the Mental Health and Developmental Disabilities Confidentiality Act (Ill. Rev. Stat. 1989, ch. 91 1/2, par. 801 et seq.).
- c) Staff shall inform clients receiving services of the following:
 - 1) Their rights in accordance with subsections (a) and (b) above and;
 - 2) Their right to contact the Guardianship and Advocacy Commission, Protection and Advocacy, Inc., and the Department or DCFS, as appropriate. Staff shall offer assistance to clients in contacting these groups giving each client the address and telephone number of the Guardianship and Advocacy Commission and Protection and Advocacy, Inc.
- d) The information in subsection (c) above shall be explained using language or a method of communication that the clients understand and documentation of such explanation shall be placed in their clinical records.
- e) Justification for any restriction of client rights shall be documented in the client's clinical record. In addition, the client affected by such restriction, his or her parent or guardian and any agency designated pursuant to subsection (c)(2) above shall be notified of the restriction.
- f) Every client shall be free from abuse and neglect.
- g) Clients or guardians shall be permitted to present grievances and to appeal adverse decisions of the provider up to and including the executive director. The executive director's decision on the grievance shall constitute a final administrative decision and shall be subject to review in accordance with the Administrative Review Law (Ill. Rev. Stat. 1989, ch. 110, par. 3-101 et seq.).
- h) Clients shall not be denied, suspended or terminated from services or have services reduced for exercising any of their rights.

Section 132.25 Definitions
EMERGENCY

For the purposes of this Part, the following terms are defined:

"Adult." An individual who is 18 years of age or older.

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"CGAS." The Children's Global Assessment Scale as published in the Archives of General Psychiatry, Volume 40, November 1983, pp. 1228-1231.

"Certification." Initial determination and redetermination of the eligibility of a provider to participate in the Medicaid community mental health program and to provide mental health services. Certification is issued by the Department or DCFS upon a determination of compliance with this Part. Certification must be issued by the Department or DCFS prior to enrollment with the Department of Public Aid as a Medicaid provider in order to provide Medicaid reimbursable mental health services. Enrollment as a Medicaid provider is issued by the Department of Public Aid on receipt of a letter of certification by the Department or DCFS and on determination of compliance with 89 Ill. Adm. Code 140.11 by the Department of Public Aid.

"Child or adolescent." For the Department, an individual who is 17 years of age or younger. For DCFS, an individual who is 17 years of age or younger, except for an individual 18 years of age, but less than 21 years old, who was receiving child welfare services from DCFS prior to his or her 18th birthday and continues to receive such services following his or her 18th birthday.

"Client." An individual who is Medicaid-eligible and is receiving Medicaid community mental health program services financially supported in whole or in part by the Department (Ill. Rev. Stat. 1989, ch. 91½, par. 1-123), or DCFS.

"Client-centered consultation." Individual client-focused professional communication within or between providers or with others (including family members) who are involved with providing services to a client with a mental illness, for the purpose of implementing or evaluating the treatment plan.

"Code." The Mental Health and Developmental Disabilities Code (Ill. Rev. Stat. 1989, ch. 91½, par. 1-100, et seq.).

"Community-based rehabilitation." An inclusive array of rehabilitative mental health services for adults with serious mental illness and impaired role functioning which focuses on maintenance of community stability, client choice in the array of services and promotion of increased independence. These services are restricted to services provided under 59 Ill. Adm. Code 115 (Standards and Licensure Requirements for Community-Integrated Living Arrangements).

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"Confidentiality Act." The Mental Health and Developmental Disabilities Confidentiality Act (Ill. Rev. Stat. 1989, ch. 91½, par. 801 et seq.).

"Crisis intervention." Activities or services to persons who are experiencing a psychiatric crisis which are designed to interrupt a crisis experience including assessment, brief supportive therapy or counseling and referral and linkage to appropriate community services to avoid more restrictive levels of treatment, which has the goal of symptom reduction, stabilization and restoration to a previous level of functioning.

"Day." A calendar day unless otherwise indicated.

"Day rehabilitation program." Three levels of rehabilitative mental health services provided to persons with mental illness within a format of structured daily activities which are designed to promote improvement in psychological, interpersonal, and age-appropriate or independent role functioning which shall include intensive stabilization, extended treatment and rehabilitation and psychosocial rehabilitation.

"Department." The Illinois Department of Mental Health and Developmental Disabilities.

"Developmental rehabilitative services." Specialized interventions in accordance with Section 132.155 using drama, art, music or recreation which are intended to result in the restoration to a maximum level of functioning for clients served by DCFS pursuant to the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1989, ch. 23, par. 2051 et seq.), the Children and Family Services Act (Ill. Rev. Stat. 1989, ch. 23, par. 5005 et seq.) or the Juvenile Court Act of 1987 (Ill. Rev. Stat. 1989, ch. 37, par. 801-1 et seq.) for whom a recommendation for such services has been made by a physician or licensed practitioner of the healing arts.

"Director." The Director of the Department.

"DSM-III-R." The Diagnostic and Statistical Manual of Mental Disorders, Third Edition revised (American Psychiatric Association, 1987 edition).

"Enrollment." The official enrollment of a certified provider in the medical assistance program by the Department of Public Aid on determination of compliance with 89 Ill. Adm. Code 140.11.

"Extended treatment and rehabilitation." Rehabilitative mental health services provided to persons with mental illness within a

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format of structured daily programming designed to promote growth in or maintenance of age appropriate and independent role functioning.

"Family." A basic unit or constellation of one or more adults and/or children, foster or adoptive parents and children, and non-agency guardian(s).

"Family counseling." A treatment approach in which one or more mental health staff meets with the client with a mental illness and his or her available family members in ongoing periodic formal sessions to deal with daily living issues associated with the client's emotional, cognitive or behavioral problems, which are significantly impacted on by current family interactions. This counseling approach uses a variety of supportive and re-educative techniques.

"Family therapy." A treatment approach in which one or more professionals deliberately establish a relationship with a client with a mental illness and his or her immediate family in ongoing periodic formal sessions, when the client's problems are perceived to be substantially due to impaired relationships within the family. The goal is to modify family relationships, which will result in amelioration or reduction of the client's symptoms of emotional, cognitive or behavioral disorder.

"GAF." The Global Assessment of Functioning Scale contained in the DSM-III-R.

"Group counseling." A treatment approach in which one or more mental health staff meets with two or more clients with a mental illness in ongoing periodic formal sessions to deal with daily living issues associated with their emotional, cognitive or behavioral problems using a variety of supportive and re-educative techniques.

"Group therapy." An approach to treatment in which one or more professionals deliberately establish a relationship with two or more clients with a mental illness seen simultaneously in periodic formal sessions with the goal of ameliorating or reducing the symptoms of emotional cognitive or behavioral disorder and promoting positive emotional, cognitive, and behavioral development.

"Guardian." The court-appointed guardian or conservator of the person and/or estate under the Probate Act of 1975 (Ill. Rev. Stat. 1989, ch. 110, par. 1-1 et seq.) or a temporary custodian or guardian of the person of a child appointed by an Illinois juvenile

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court or a legally-appointed guardian or custodian or other party granted legal care, custody and control over a minor child by a juvenile court of competent jurisdiction located in another state whose jurisdiction has been extended into Illinois via the child's legally authorized placement in accordance with the applicable interstate compact. (The Juvenile Court Act of 1987; Interstate Compact on the Placement of Children (Ill. Rev. Stat. 1989, ch. 23, par. 2601 et seq.))

"Individual counseling." A treatment approach in which one mental health staff person meets with one client with a mental illness in ongoing periodic formal sessions, and uses relationship skills to promote the client's ability to deal with daily living issues associated with his or her emotional, cognitive or behavioral problems, through techniques such as ventilation, reflection, supportive confrontation, encouragement and persuasion.

"Individual/family social rehabilitation and training." Structured skills acquisition activities provided individually or in a group setting to an individual with a mental illness or to his or her family in periodic formal sessions directed toward improvement of functioning in social, emotional, cognitive or interpersonal skills or community living, which are based on a clearly defined format which specifies the expected training outcome, and includes application of newly acquired skills in community settings. The approach is distinct from psychosocial rehabilitation day programming as defined in this Section.

"Individual therapy." A treatment approach in which a professional deliberately establishes a relationship with an individual client with a mental illness in ongoing periodic formal sessions with the goal of ameliorating or reducing the symptoms of emotional, cognitive or behavioral disorder and promoting positive, emotional, cognitive and behavioral development.

"Individual treatment plan" or "treatment plan" (ITP). A written document developed by the appropriate service provider staff with the participation of the client with a mental illness and, if applicable, the client's guardian, which specifies the client's diagnosis, problems, and service needs to be addressed, the intermediate objectives and long-term goals for the services and the planned interventions for achieving these goals.

"Intensive family-based services for children and adolescents." A comprehensive psychosocial rehabilitation and training service provided in the home, school or other community-based locations to children and adolescents with a mental illness and substantial

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(89 Ill. Adm. Code 140) for eligible clients. Providers must be certified by the Department or DCFS and also be enrolled with and be approved by the Department of Public Aid as a Medicaid provider.

"Medicaid rehabilitative services option." Refers to rehabilitative services, as authorized in 42 CFR 440.130, 1989, and defined in Subpart E, that at the option of the Department of Public Aid may be included in the Medicaid state plan as covered services for Medicaid-eligible clients.

"Mental health assessment." The formal process of gathering into a written report(s) demographic data, presenting problems, history or cause of illness, history of treatment, psychosocial history and current functioning in emotional, cognitive, social and behavioral domains through a face-to-face process with the client and collaterals, which results in identifying the client's mental health service needs, and recommendations for service delivery, and may include a tentative diagnosis.

"Mental health case management." Case management services to provide linkage, support and advocacy for persons with mental illness who need multiple services and require assistance in gaining access to and in using mental health, health, social, vocational, educational and other community services and resources.

"Mental health professional (MHP)." A mental health professional (MHP) provides services under the supervision of a qualified mental health professional. The mental health professional must possess a bachelor's degree, a practical nurse license pursuant to the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1989, ch. 111, par. 3501 et seq.) or have a minimum of five years supervised experience in mental health or human services.

"Mental illness." A mental or emotional disorder verified by a diagnosis contained in the DSM-III-R or ICD-9-CM which substantially impairs the person's cognitive, emotional and/or behavioral functioning; excluding V codes, organic disorders such as dementia and those associated with known or unknown physical conditions such as hallucinosis, amestic disorder, and delirium; psychoactive substance induced organic mental disorders; and mental retardation or psychoactive substance use disorders. For purposes of this Part, this does not exclude individuals with a dual diagnosis of mental retardation or psychoactive substance use disorders as long as a mental illness is the principal diagnosis.

"Occupational therapy." The evaluation, after referral by a physician as part of the total rehabilitation and health care team, of functional performance ability of clients impaired by physical

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impairment in role functioning to reduce the risk of more restrictive treatment such as psychiatric hospitalization.

"Intensive stabilization day program." Rehabilitative mental health services provided to persons with mental illness within a format of structured daily programming designed to promote crisis resolution and/or stabilization.

"Level of role functioning." For adults, refers to the client's level of functioning in everyday life in three critical areas including: vocational/educational productivity, independent living and self-care, and social network relationships. Scales approved for use with adults include the GAF Scale. For children and adolescents, these areas include family/home, school and community. Scales approved for use with children and adolescents include, but are not limited to GAF Scale or CGAS Scale.

"Licensed practitioner of the healing arts (LPHA)." A clinical psychologist licensed under the Clinical Psychologist Licensing Act (Ill. Rev. Stat. 1989, ch. 111, par. 5351 et seq.) or a licensed clinical social worker (LCSW) licensed under The Clinical Social Work and Social Work Practice Act (Ill. Rev. Stat. 1989, ch. 111, par. 6351 et seq.).

"Medicaid." Medical assistance issued by the Illinois Department of Public Aid under the provisions of Title XIX of the Social Security Act (42 U.S.C.A. 1396 et seq., 1983), for eligible recipients including Aid to the Aged, Blind and Disabled (AABD), Aid to Families with Dependent Children (AFDC), Medical Assistance No Grant (MANG), Refugee Repatriate Program (RRP) recipients as well as Title XIX eligible DCFS wards.

"Medicaid case management." Refers to the Title XIX of the Social Security Act, case management services that the Department of Public Aid includes in the Medicaid state plan as covered services for Medicaid-eligible clients and as defined in Subpart F.

"Medicaid clinic option (MCO)." Refers to clinical services, as authorized in 42 CFR 440.90, 1989, and defined in Subpart D, that at the option of the State may be included in the Medicaid state plan as covered services for Medicaid clients.

"Medicaid community mental health services program." Assessment, treatment and/or rehabilitative services as defined in this Part which are provided by a certified provider under a contractual agreement with either the Department or DCFS. These services are supported financially in whole or in part by the Department or DCFS and are also included under the Illinois medical assistance program

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illness or injury, emotional disorder, congenital or developmental disability, or the aging process, and the analysis, selection and application of occupations or goal-directed activities, for the treatment or prevention of these disabilities to achieve optimum functioning. Occupational therapy shall be provided in accordance with the Illinois Occupational Therapy Practice Act (Ill. Rev. Stat. 1989, ch. 111, par. 3701 et seq.)

"Physician." A physician licensed under the Medical Practice Act of 1987 (Ill. Rev. Stat., ch. 111, par. 4400-1 et seq.).

"Physician services." The Medicaid community mental health program services which must be provided directly by a physician are psychiatric evaluation and psychotropic medication prescription and review.

"Principal diagnosis." When a person receives more than one diagnosis, the principal diagnosis is the condition that is chiefly responsible for precipitating inclusion in the appropriate Medicaid community mental health program services. A principal diagnosis of mental illness is the condition that will be the main focus of attention or treatment.

"Provider." An agency certified by the Department or DCFS to provide Medicaid community mental health services in accordance with this Part.

"Psychiatric evaluation." An in-depth evaluation of the client conducted by a psychiatrist, or a physician with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness. The psychiatric evaluation covers all aspects of assessment generally accepted as reasonable clinical practice in the field of psychiatry including a statement of assets and deficits and results in a formulation of problems, diagnosis, and treatment recommendations.

"Psychological assessment." An assessment of the client's functioning in emotional, cognitive, intellectual and/or behavioral domains by a licensed clinical psychologist using nationally standardized psychological assessment instruments. The assessment results in a formulation of problems, tentative diagnosis and recommendation for treatment or service(s).

"Psychosocial rehabilitation day program." A formal program of daily services directed towards assisting clients with a mental illness to function at their highest level in the community. Services are typically provided for up to four hours per day, five days per week, but may be provided up to seven days per week.

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Clients participate, based on individual needs as determined in their treatment plan, in a variety of integrated individual and group services during the regularly scheduled formal program including counseling, skills training, socialization, and education and recreational activities.

"Psychotropic medication monitoring and training." On-going observation of the client's response to his or her medication and information provided to a client with mental illness regarding the appropriate use of the psychotropic medication prescribed for his or her mental illness.

"Qualified mental health professional (QMHP)." One of the following:

A physician licensed under the Medical Practice Act of 1987 to practice medicine or osteopathy with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training (the treatment of children and adolescents);

A psychiatrist (a physician licensed under the Medical Practice Act of 1987) who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association, or other training program identified as equivalent by the Department;

A psychologist licensed under the Clinical Psychologist Licensing Act with specialized training in mental health services;

An individual possessing a master's degree in social work licensed under The Clinical Social Work and Social Work Practice Act with specialized training in mental health services.

A registered nurse licensed pursuant to The Illinois Nursing Act of 1987 with at least one year of clinical experience in a mental health setting or a master's degree in psychiatric nursing;

An occupational therapist registered pursuant to the Illinois Occupational Therapy Practice Act with at least one year of clinical experience in a mental health setting; and

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An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling, social work, vocational counseling, psychology, pastoral counseling, or family therapy, or related field who has successfully completed a practicum and/or internship which includes a minimum of 1,000 hours, or has one year of clinical experience under the supervision of a qualified mental health professional.

"Rehabilitative assessment". Assessment activities in accordance with Section 132.155 including the use of recognized professional practices and as necessary, the administration of valid and reliable instruments in order to determine a client's need for rehabilitative services.

"Rehabilitative crisis intervention and stabilization." Intensive, face-to-face interventions with an eligible client and/or family in accordance with Section 132.155 who is experiencing an acute crisis which are intended to result in the short-term restoration of the client's or family's stability and functioning to the extent that the child is not at risk of self-harm or of removal from his or her family or of psychiatric hospitalization or abuse or neglect and/or the client is not at risk of self-harm or of causing harm to others or property.

"Rehabilitative counseling." Counseling in accordance with Section 132.155 which is intended to result in the behavioral or functional changes desired necessary to restore an eligible client served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987 who has been determined as the result of a mental health or comprehensive assessment to be in need of rehabilitative counseling, to the level necessary for the client's effective day-to-day functioning.

"Rehabilitative services associate (RSA)." A rehabilitative services associate assists in the provision of services in accordance with Sections 132.155 and 132.170. A rehabilitative services associate must be at least 21 years old, have demonstrated skills in the field of services to children, and have demonstrated the ability to work within agency structure and accept supervision, and have demonstrated the ability to work constructively with clients, other providers and the community. A rehabilitative services associate shall have completed DCFS-approved training.

"Rehabilitative services coordination." Activities in accordance with Section 132.170 intended to directly assist eligible clients served by DCFS pursuant to the Abused and Neglected Child Reporting

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Act, the Children and Family Services Act or the Juvenile Court Act of 1987 access recommended rehabilitative services recommended by a physician or LPHA pursuant to the rehabilitative services portion of the treatment plan.

"Rehabilitative services consultation and review." Scheduled meetings with a supervisor, the recommending physician or LPHA or with a team of professionals from multiple disciplines (including at a minimum medicine, psychology and social work) in accordance with Section 132.155 which are for the distinct purpose of reviewing the status of prescribed rehabilitative services and/or determining whether there is a need to change the type or content of a prescribed service for clients served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987.

"Rehabilitative services plan." A written plan developed in accordance with Section 132.155 which includes identification of the problems to be addressed, the rehabilitative services to be provided and the outcomes to be achieved for eligible clients served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987.

"Rehabilitative stabilization services." Specific activities in accordance with Section 132.155 undertaken with eligible clients served by DCFS pursuant to the Abused and Neglected Child Reporting Act, the Children and Family Services Act or the Juvenile Court Act of 1987 pursuant to a recommendation for rehabilitative stabilization services. The activities which may be provided individually or in a group setting are intended to result in the client developing or maintaining his or her best possible functional level in the areas of family, school or community.

"Rehabilitative transition linkage and aftercare." Activities in accordance with Section 132.170 completed with or on behalf of a child for whom DCFS is legally responsible who are being moved from one living arrangement to another living arrangement which are intended to result in an effective transition consistent with the child's need for rehabilitative services and his or her welfare and development including transition to adult systems of care if indicated and appropriate.

"Service needs evaluation." The formal process of determining the service needs of the client through an assessment of the client, utilization of information gained from available collaterals (family and associates), data from the mental health assessment, and specialized intensive assessments required by the nature of the

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client's condition, such as a psychiatric evaluation, psychological assessment, or other specialized assessment approach.

"Site." A discrete location that is owned or leased by a provider for the purpose of providing Medicaid community mental health services.

"Skills development and training." Skills which are required by an individual in order to achieve independent functioning and emotional stability. The skills are developed through training activities with a focus on interpersonal and daily living skills, including:

- Conversational skills;
- Dating and sexual appropriateness skills;
- Medication self-management;
- Money management and entitlement acquisition;
- Self-care skills and self-preservation in emergency situations;
- Use of public transportation and other community resources.

"Substantial impairment of role functioning." Refers to significant limitations in activities of daily living, such as self-care, communications, learning, work skills, social interaction, the ability to self-direct one's behavior at an age-appropriate or independent level and in the case of a child or adolescent, may include the extrusion or risk of extrusion from family due to emotional and behavioral factors.

Section 132.30 Application and certification process
EMERGENCY

- a) Any agency having a contract with the Department or DCFS for provision of mental health services or DCFS for the provision of child welfare services may apply for certification as a provider. Successful applicants will be certified by the Department or DCFS and enrolled as a provider in the Illinois medical assistance program by the Department of Public Aid pursuant to 89 Ill. Adm. Code 140.11.
- b) DCFS is authorized to perform the functions ascribed to the Department in this and Sections 132.35 through 132.55, in relation

to human service agencies contracting with DCFS as specified in subsection (d) below.

- c) Applications may be obtained by submitting a request in writing to:

Department of Mental Health and Developmental Disabilities
Bureau of Certification and Licensure
4201 North Oak Park Avenue
Chicago, Illinois 60634

or

Department of Children and Family Services
Office of Medicaid Certification
406 East Monroe Street
Springfield, Illinois 62701

- d) The applicant shall submit to the Department or DCFS a completed "Application for Certification and/or Licensure of Community Programs" with all necessary accompanying components in accordance with the following:

- 1) An applicant planning to contract solely with the Department for children and adolescents and/or adult Medicaid community mental health services shall submit its completed application to the Department; or
- 2) An applicant planning to contract solely with DCFS for children and adolescents Medicaid community mental health services shall submit its completed application to DCFS; or
- 3) An applicant planning to contract with both Departments for children and adolescents Medicaid community mental health services shall submit its application to either Department; or
- 4) An applicant planning to contract with both Departments for children and adolescents Medicaid community mental health services and with the Department for adult Medicaid community mental health services shall submit its completed application to the Department.
- e) At the discretion of the Department or DCFS, agencies submitting applications which have all components attached may be certified in accordance with the procedures outlined in either subsection (f) or (g) below.

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f) For applications that have attached to them, at a minimum, a staffing roster, evidence of compliance with state and local ordinances and codes relating to fire safety for all site(s) where Medicaid reimbursable services are being provided, documentation of compliance from a licensed plumber and electrician that any structure to be used as a site is in compliance with the codes and standards pertaining to the licensing and regulation of plumbers and the National Electrical Code (see Section 132.90) and a copy of the applicant's financial audit for the last fiscal year if it is not on file with the Department or DCFS, the Department or DCFS shall conduct an on-site review within 40 working days of the receipt of the application.

1) The on-site review for full compliance with this Part shall examine all administrative and service standards that pertain to the specific types of Medicaid community mental health program services for which the applicant is requesting certification. For Section 132.90, the applicant's site(s) on which the Medicaid community mental health program services are offered shall be reviewed for compliance with applicable federal, state, and local laws and ordinances pertaining to safety and accessibility. For the program specific Subparts, a review of a sample Medicaid-eligible client records shall be conducted. Such sample shall consist of a minimum of 10 records from the applicant's Medicaid-eligible clients. In the event that 10 records of Medicaid-eligible clients are not available, the sample will consist of all available Medicaid-eligible client records.

2) If the on-site review confirms compliance with the requirements of this Part, the Department or DCFS shall issue a letter of certification within 20 working days from the date of completion of the on-site review and send the Medicaid enrollment forms to the applicant. Certification shall be effective the date of the first day of the on-site review.

3) If the on-site review does not confirm compliance with the requirements of this Part, the Department or DCFS shall report deficiencies to the applicant in an exit conference. The Department or DCFS shall also issue a notice of deficiencies to the applicant enumerating those standards of this Part not in compliance within 40 working days.

A) The applicant shall submit a plan of correction for the deficiencies within 25 working days of the date of the postmark date on the written notice of deficiencies. The plan of correction shall identify the actions that

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have been, or will be, taken in order to come into compliance with this Part and the time-frames for implementation of the action. Time-frames for implementation of action shall not exceed three months except when deficiencies relate to major structural deficiencies related to physical accessibility of the site(s) for persons with disabilities. In such instances, implementation must occur before the end of the next complete state fiscal year following the fiscal year during which the deficiency was first documented. Applicants required to correct deficiencies related to physical accessibility may be certified in the interim upon effecting measures to reasonably accommodate persons with disabilities.

B) If the applicant fails to respond to the notice of deficiencies within 25 working days of the postmark date on the notice of deficiencies with an acceptable plan of correction, the application shall be considered withdrawn.

C) If the plan of correction does not effectively address the action which has been or will be taken to meet the standards for compliance, the Department of DCFS shall notify the applicant within 20 working days.

D) Upon receipt and approval of the plan of correction, the Department or DCFS shall notify the applicant and issue a letter of certification within 20 working days. Certification shall be effective the date of implementing the plan of correction. Applicants certified based on the Department's or DCFS' approval of their plan of correction shall be liable for any claims disallowed due to non-compliance with this Part.

g) Applications which have attached to them all components identified in Section 132. Appendix A, shall be reviewed for compliance with this Part. Applications missing any components will not be accepted as a complete application and the time-frames of this Section pertaining to application shall not apply. The applicant shall be notified in writing of missing components within 20 working days of the receipt of the application. The applicant shall submit any missing components within 25 working days of receipt of the written notification. Applications still missing components at this time shall be returned to the applicant.

1) If the application components are in compliance with this Part, the Department or DCFS shall issue a letter of

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certification within 20 working days of having received the application and send the Medicaid enrollment forms to the provider. The effective date of certification shall be the date the review of the application was completed.

- 2) If the application includes all of the components but one or more of the components is not in compliance with this Part, the applicant shall be notified in writing within 20 working days of receipt of the completed application of identified deficiencies. The applicant shall submit corrected documentation or an acceptable plan of correction for these deficiencies within 25 working days of the postmark date on the notice of deficiencies. The plan of correction shall identify the actions that have been, or will be, taken in order to come into compliance with this Part and the time-frames for implementation of the action. If the applicant does not respond with a plan of correction within the 25 working days, the application will be considered withdrawn and returned to the applicant.

- 3) Upon receipt and approval of the corrected documentation or the plan of correction for the identified deficiencies, the Department or DCFS shall notify the applicant and issue a letter of certification and send the Medicaid enrollment forms to the applicant. The effective date of certification shall be the date on which the corrected documentation is approved or the plan of correction is implemented except when deficiencies relate to major structural deficiencies as explained in subsection (4)(D) below.

- 4) The Department or DCFS shall schedule an on-site review to verify compliance with this Part within six months of initial certification when certification has been issued based solely upon a review of the application components specified in Section 132. Appendix A.

- A) The on-site review for verification with this Part shall examine all administrative and service standards that pertain to the specific types of Medicaid community mental health program services for which the provider has been certified. The provider's site(s) on which Medicaid community mental health program services are offered shall be reviewed for compliance with applicable federal, state, and local laws and ordinances pertaining to safety and accessibility. For the program specific Subparts, a retrospective review of a sample of Medicaid-eligible client records shall be conducted. Such sample shall consist of a minimum of

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10 records of the provider's Medicaid-eligible clients. In the event that 10 Medicaid-eligible client records are not available, the sample will consist of all available Medicaid-eligible client records.

- B) If the on-site review verifies compliance with the requirements of this Part, the Department or DCFS shall issue a letter of verification within 20 working days from the date of completing the on-site review.

- C) If the on-site review does not verify compliance with the requirements of this Part, the Department or DCFS shall report deficiencies to the provider during an exit conference. The Department or DCFS shall also issue a notice of deficiencies to the provider enumerating those standards of this Part not in compliance within 20 working days of the on-site review.

- D) The provider is required to submit a plan of correction for the deficiencies within 25 working days of the date of the postmark date on the written notice of deficiencies. The plan of correction shall identify the actions that have been, or will be, taken in order to come into compliance with this Part and the time-frames for implementation of the action. Time-frames for implementation of action shall not exceed three months except when deficiencies relate to major structural deficiencies related to physical accessibility of the site(s) for persons with disabilities. In such instances, implementation must occur before the end of the next complete state fiscal year following the fiscal year during which the deficiency was first documented in writing. Providers required to correct deficiencies related to physical accessibility may be certified in the interim upon effecting measures to reasonably accommodate persons with disabilities.

- E) If the provider fails to respond to the notice of deficiencies within 25 working days of the date of the postmark date on the notice of deficiencies with an acceptable plan of correction, the process to suspend or terminate shall be initiated.

- F) Upon receipt and approval of the plan of correction, the Department or DCFS shall notify the applicant and issue a letter approving continuation of the certification period within 20 working days. Providers

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certified based on the Department's or DCFS's approval of their plan of corrections shall be liable for any claims disallowed due to non-compliance with this Part.

- h) Applicants which are fully accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Commission on Accreditation of Rehabilitation Facilities (Standards Manual for Organizations Serving People with Disabilities (Commission on Accreditation of Rehabilitation Facilities, 101 North Wilmet Road, Tucson, Arizona 85711, 1989)) or the Council on Accreditation of Services for Families and Children (Provisions for Accreditation) (Council on Accreditation of Services for Families and Children, Inc., 520 - 8th Avenue, Suite 2202B, New York, New York 10018, 1987)) or the Accreditation Council on Services for People with Developmental Disabilities (Standards for Services for People with Developmental Disabilities) (Accreditation Council for Services for People with Developmental Disabilities, 8100 Professional Place, Suite 204, Landover, Maryland 20785, 1989)) or for applicants licensed by the Department of Alcoholism and Substance Abuse at 77 Ill. Adm. Code 2058 (Licensure of Alcoholism and Substance Abuse Treatment, Intervention and Research Programs) or DCFS shall not be reviewed for the standards specified in Sections 132.65, 132.70, 132.75 and 132.90 during the on-site review.

- i) Applicants who are reviewed for certification are expected to be in compliance with the requirements of all standards.
- j) Initial certification shall be for a 12-month period. Any changes during the certification period which effect the ability of the provider to deliver services in compliance with the requirements of this Part shall be reported to the Department or DCFS.

- k) When a decision is made to not certify an applicant, the applicant may appeal the decision and request a hearing in accordance with Section 132.55 and Section 10 of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1989, ch. 127, par. 1010).

Section 132.35 Recertification and reviews
EMERGENCY

- a) The Department or DCFS shall conduct a full compliance review at or about 12 months from the date of the initial certification. A provider found in compliance with this Part subsequent to initial certification shall be issued a letter of certification, for three years from the date on which the prior certification period expired or will expire. Any changes during the certification period which affect the ability of the provider to deliver services in

compliance with the requirements of this Part shall be reported to the Department or DCFS.

- b) A provider found not in compliance with this Part shall be issued a notice of deficiencies. The provider shall be required to submit a plan of correction for these deficiencies within 25 working days of the postmark date of the notice of deficiencies. Time-frames for implementation of action shall not exceed three months except when deficiencies relate to major structural deficiencies related to physical accessibility of the site(s) for persons with disabilities. In such instances, implementation must occur before the end of the next complete state fiscal year following the fiscal year during which the deficiency was first documented in writing. The Department or DCFS shall issue a letter of certification upon approving the plan of correction. This certification shall be for three years, from the date on which the prior certification period expired or will expire.

- c) A provider which fails to submit a plan of correction or submits a plan of correction that is not approved by the Department or DCFS shall be subject to the suspension and termination provisions in Sections 132.45 and 132.50.

- d) A focused review is an on-site survey to verify the implementation of a plan of correction; to inspect new sites for additional programs for which a provider seeks additional certification; to investigate complaints; and/or to review major program changes related to the ability of the provider to deliver services in compliance with this Part.

- e) If a recertified provider has a plan of correction on file with the Department or DCFS, a focused review shall be conducted within 12 months.

- f) If the Department or DCFS fails to conduct a compliance review for recertification before the expiration of the current certification period, the certification shall remain valid until completion of such compliance reviews.

- g) Subsequent compliance reviews for recertification will be conducted on or about the expiration date of the current certification period.

- h) The Department or DCFS shall be granted access to all provider sites. Client records and all other records shall be made available to the Department or DCFS, on request, during the initial compliance survey, focused review(s) and three-year full compliance

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survey(s) required by this Section, in accordance with the Confidentiality Act.

Section 132.40 Certification for additional Medicaid community mental health services

a) Providers certified for specific Medicaid community mental health services pursuant to this Part, which seek certification for the provision of additional Medicaid community mental health services must submit the following documentation:

1) A detailed program description of the service(s) delineating how the new service(s) is to be provided, when and where the service(s) is to be provided and who will provide the service, including staff qualifications; and

2) If the service is to be provided at a site which has not already been certified, a local fire authority clearance letter and the notarized statement from a licensed plumber and licensed electrician stating that the site(s) meets required local codes for their respective professions (see Section 132.90). The Department or DCFS shall conduct a focused review to insure implementation and program compliance of the additional certified site(s) within three months.

b) The provider's request to certify additional Medicaid community mental health services shall be submitted to the Department to which the original application was submitted.

c) The documentation listed in subsection (a)(1) above will be reviewed for compliance within 20 working days of receipt.

1) If the review determines that the provider is in compliance with the requirements for certification for an additional Medicaid community mental health service(s), the provider shall be notified and a new Medicaid certificate issued. The certificate shall identify the additional Medicaid community mental health service(s) certified and the specific site(s).

2) If the review determines that the provider is not in compliance with the requirements for certification for additional service(s), the provider shall be notified of the deficiencies in writing within 20 working days of receipt of the documentation as identified in subsection (a)(1) above. The provider shall submit an acceptable plan of correction for these deficiencies within 25 working days of the postmark date on the notice of deficiencies.

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A) Upon the Department's or DCFS's receipt and approval of a plan of correction, the provider shall be notified and a new Medicaid certificate issued. The certificate shall identify the additional Medicaid community mental health services and the specific site(s).

B) The Department or DCFS shall review the implementation of the service(s) not later than the next scheduled on-site review.

Section 132.45 Suspension of certification
EMERGENCY

a) Failure to comply with the requirements of this Part during a certification period shall result in the certified provider being suspended from participation in the Medicaid community mental health services program.

b) The Department or DCFS shall issue a written warning and a correction order to a certified provider which has failed to comply with this Part. The following shall occur as a result of such suspension:

1) The provider shall have a maximum of 60 working days from the postmark date of the written notice to correct the cited deficiencies.

2) If the provider does not correct the cited deficiencies within 60 working days, the Department or DCFS shall refer the matter to the Department of Public Aid for action to terminate the provider's participation in the medical assistance program pursuant to 89 Ill. Adm. Code 140.16.

3) A provider shall be liable for reimbursement of claims submitted from the date of the final administrative decision pursuant to Section 132.55 of such decision results in an adverse finding for the provider.

c) The Department or DCFS will immediately suspend a certified provider, and such suspension shall not be stayed pending an appeal, if it determines:

1) Clinical supervision of services, as specified in each Subpart, is not being provided; or

2) The provider's staff is inflicting physical or mental injury or sexual assault on the clients; or

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- 3) The site in which the services are provided presents an immediate danger to clients, such as a gas leakage in the heating system.
- d) The suspension shall continue until the Department or DCFS determines that the cited deficiencies have been corrected or until action pursuant to subsections (b)(1) and (b)(2) above is taken.
- e) The Department or DCFS shall notify the Department of Public Aid of any action taken pursuant to this Section and further shall refer any evidence of Medicaid fraud within 10 working days to the Department of Public Aid for further action.

Section 132.50 Termination of certification
EMERGENCY

- a) A provider shall be issued a written notice terminating certification during a certification period for:
 - 1) Meeting any of the grounds for termination set forth in 89 Ill. Adm. Code 140.16; or
 - 2) Discontinuing delivery of all Medicaid community mental health services for which the provider has been certified; or
 - 3) Being convicted of defrauding the medical assistance program under Article VIII A of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, par. 8A-1 et seq.); or
 - 4) Failing to submit and/or implement a plan of correction for cited deficiencies.
- b) In the event that the contract between the provider and the Department for provision of services under this Part, or the provider and DCFS for the provision of services under this Part, is terminated, certification of the provider shall likewise be terminated and the Department of Public Aid will be advised of this by the Department or DCFS. The provider is solely liable for the cost of services provided after the contract has been terminated.

Section 132.55 Certification appeal criteria and process
EMERGENCY

- a) Grounds for appeal by the provider are:
 - 1) Determination of non-compliance with this Part; or
 - 2) Refusal to issue certification; or

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- 3) Refusal to issue recertification; or
- 4) Suspension or termination of any or all Medicaid community mental health services.
- b) Certification appeal criteria and process
 - 1) If either the Department or DCFS determines that certification or the annual recertification should not be issued or that certification should be suspended or terminated during a certification period because of non-compliance with the provisions of this Part, either the Department or DCFS shall send, by registered mail, written notice to the applicant or the certified provider within 30 working days of the determination. The notice shall contain the specific requirements the provider has not complied with and either the Department's or DCFS' proposed action as follows:
 - A) If the applicant or certified provider chooses to appeal either the Department's or DCFS' decision, the applicant or provider shall submit a written request for a hearing to the Department or DCFS within 20 working days of the date of receipt of the notice.
 - B) If an appeal is initiated by a certified provider, services shall be continued pending a final administrative decision.
 - C) If the applicant or certified provider does not submit a request for a hearing, as provided in this Part or if after conducting the hearing either the Department or DCFS determines that the certification or recertification should not be issued or that the certification should be suspended or terminated, either the Department or DCFS shall issue an order to that effect. If the order is to suspend or terminate the certification, it shall specify that the order takes effect upon receipt by the certified provider, and that the provider shall not provide Medicaid community mental health program services during the pendency of any proceeding for judicial review of the Department's or DCFS' decision, except by court order.

- 2) The Department or DCFS shall schedule a hearing within 20 working days of receipt of the request for appeal. The applicant or the provider and the applicant's or provider's representative, hereinafter referred to as the appellant,

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shall be notified by registered mail at least 10 working days before the hearing. The notice of hearing shall include:

- A) The date, time, and place of the hearing;
- B) The legal authority to hold the hearing;
- C) The reference to the particular sections of the statutes or rules involved; and
- D) A short statement of the matters asserted.

- 3) Each hearing shall be conducted at a time, date and place reasonably convenient to the appellant.

- 4) The hearing shall be conducted by an impartial hearing officer authorized by either the Department Director or DCFS Director to conduct such hearings. The officer shall not have participated in the decision under appeal.

- 5) The hearing officer, at his or her sole discretion, may grant continuances of the hearing, not to exceed two, at the request of either the appellant or the Department or DCFS.

- 6) The Department or DCFS shall tape record the hearing. A copy of the recording shall be given to the appellant if the appellant so requests no later than five working days after the hearing officer makes his or her decision. The appellant must request a copy of the recording no later than 72 hours after receipt of the decision, if a copy is so desired. The Department or DCFS shall charge the appellant for the cost of the tape.

- 7) At the hearing both parties may present written and oral evidence. The appellant may be represented by the person of his or her choice. The Department or DCFS shall have the burden of proving that there was substantial evidence of non-compliance with these standards. Substantial evidence is such evidence as a reasonable person can accept as adequate to support a conclusion. The Department or DCFS shall present its evidence first, then the appellant shall present evidence.

- 8) Evidence

- A) The hearing officer shall not be bound by the rules of evidence or procedure, but shall conduct the proceedings in a manner that ensures both parties are

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allowed to present their evidence and arguments fully and freely.

- B) Any party or representative may ask questions of any other party or witness, and the hearing officer may ask questions of any other party or witness. Questions impeaching the witness's character or credentials shall be improper.

- 9) The hearing officer shall only consider evidence presented at the hearing in making his or her decision as to whether or not either the Department or DCFS sustained its burden of proof. The hearing officer shall uphold, reverse or modify either the Department's or DCFS' decision or determine that either the Department or DCFS lacks jurisdiction. Within five working days after the hearing, the hearing officer shall submit his or her written decision, which shall include a statement of facts concerning the appeal and conclusions to either the Department or DCFS. A copy of the decision shall be sent to the appellant at the same time it is submitted to either the Department or DCFS.

- 10) In the event the appellant does not appear at the hearing, the appeal shall be deemed abandoned and shall be dismissed by the hearing officer. The hearing officer shall send written notice of the dismissal to the appellant.

- 11) If the appellant is not satisfied with the hearing officer's decision, the appellant may request a review of the decision by either the Department or DCFS Director or designee. The request must be made in writing to either the Department or DCFS Director or designee no later than 10 working days after receipt of the hearing officer's decision. The request shall briefly state the appellant's objections to the decision.

- 12) The record shall include those items required by Section 11 of the Illinois Administrative Procedure Act (Ill. Rev. Stat. 1989, ch. 127, par. 1011).

- 13) Upon receipt of the request for review, either the Department or DCFS Director or designee shall review the hearing officer's decision and the record of the hearing. After consideration of all the evidence, either the Department or DCFS Director or designee shall issue a written decision upholding, reversing, modifying or remanding the hearing officer's decision and setting forth the facts of the appeal and the bases for the decision. Either the Department or DCFS Director or designee shall issue a written decision

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within 20 working days after receipt of the request for review, and copies shall be sent to the appellant. Either the Department or DCFS Director shall uphold the decision if he or she determines that the procedures set out in this Section were properly followed and that the decision was supported by substantial evidence. Either the Department or DCFS Director's or designee's decision shall constitute a final administrative decision.

- 14) Final administrative decisions shall be subject to judicial review exclusively as provided in the Administrative Review Law (Ill. Rev. Stat. 1989, ch. 110, par. 3-101 et seq.).

Section 132.60 Rate setting
EMERGENCY

- a) The Department and/or DCFS will compute rates for services which are reimbursed under the Medicaid community mental health services program. The rates will be computed for each state fiscal year and will be effective 30 days after approval is received from the Department of Public Aid. The rates shall be in effect for one state fiscal year.
- b) Reimbursement rates will be the product of hourly payment rates and services units designated as fractions or multiples of service hours as indicated in Section 132. Appendix B.
- c) Hourly payment rates for each Medicaid community mental health service are computed from the following factors:

- 1) Hourly wages and salaries for direct care staff (QMHP; MHP; and RSA) who are authorized to provide billable services;
- 2) Hourly paid benefits for direct care staff;
- 3) Hourly Medicaid-reimbursable community provider operating expenses other than direct care staff salaries, wages, and paid benefits;
- 4) Time spent in delivering services which may be billed; and
- 5) Client staff ratios.

SUBPART B: PROVIDER ADMINISTRATIVE REQUIREMENTS

Section 132.65 Organizational structure
EMERGENCY

- b) The provider shall document that it provides directly or indirectly for the development and continuing education activities of its employees which broaden their existing knowledge in the field of mental health and related areas. These activities shall be related

- a) The administrative organization shall promote effective operation of the various programs in a manner consistent with all applicable state laws, regulations, and adopted procedures.
- b) A provider must present written documentation of the existence of operating policies and procedures which detail and explain the operation of programs and the delivery of services, including a description of staff decision-making authority.
- c) A provider must present proof of insurance against professional and physical liabilities.
- d) A provider must present proof of written provisions for orientation and on-going communication with the governing board.
- e) A provider shall ensure the availability of staff and/or consultants capable of using language(s) or method(s) of communication used by Medicaid-eligible clients served by the provider.

Section 132.70 Personnel and administrative recordkeeping
EMERGENCY

- a) The provider shall have a comprehensive set of personnel policies and procedures that include but are not limited to:
 - 1) Job descriptions and qualifications including but not limited to documentation of current licensure and certification shall be maintained for all staff, including physicians who are employed either directly or by contract by the provider or by an agency subcontracting with the provider or program.
 - 2) Providers shall assure in writing that staff providing or supervising services pursuant to this Part meet the staff qualifications defined in this Part, and that their individual performance is evaluated no less frequently than once every twelve months.
 - 3) Providers shall have documentation that they have written personnel policies concerning the hiring, evaluating, and disciplining (including terminating) of staff, including job descriptions for volunteers who will be providing Medicaid community mental health services.
- b) The provider shall document that it provides directly or indirectly

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to program goals and may include support of staff attendance at conferences, university courses, visits to other agencies, use of consultants, educational presentations within the agency, assigned reading, and so forth.

Section 132.75 Program evaluation
EMERGENCY

The provider must document that it has and uses an active system of program evaluation for purposes of determining the degree to which the services are meeting their goals and objectives.

- a) This system shall monitor quantitative characteristics such as caseload information, and qualitative characteristics such as client satisfaction.
- b) The evaluation system shall include mechanisms for producing evaluation reports which describe the outcome of monitoring activities.
- c) The evaluation reports shall summarize data into useful information and provide recommendations for remedial action when necessary.

Section 132.80 Fiscal and statistical
EMERGENCY

- a) Providers shall present written assurances that they will submit billings in the manner as specified by the Department or DCFS and that they have a formal modified accrual accounting system in accordance with Section 6.01 of the State Comptroller Act (Ill. Rev. Stat. 1990 Supp., ch. 15, par. 206.01).
- b) The provider shall submit an annual audit report 120 days after the end of the provider's fiscal year to the Department or DCFS. These required audit reports shall be prepared in accordance with the current American Institute of Certified Public Accountants generally accepted auditing standards appropriate for the provider and in accordance with relevant federal single audit requirements (e.g., U.S. Office of Management and Budget Circular A-128, April 12, 1985 or Circular A-133 (Single Audit Information Service, Thompson Publishing Group, 1725 K. Street N.W., Suite 200, Washington, DC 20006)). The report shall contain all applicable statements including the basic financial statement presenting the financial position of the organization, the results of its operation, and changes and fund balances or retained earnings. The report shall contain the certified public accountant's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the

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certified public accountant expresses a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason, shall be stated. (A report will not be accepted if the certified public accountant's opinion is qualified or denied because the provider placed an unnecessary limitation on the scope of the audit.)

- c) The provider shall also submit within 180 days after the end of the state fiscal year the State of Illinois Interagency Statistical and Financial Report (ISFR) to the Department or DCFS unless either the Department or DCFS extends the time-frame for a provider having a different fiscal year than the State of Illinois.
- d) The provider shall also comply with the requirements governing audits, false reporting and other fraudulent activities, pursuant to 89 Ill. Adm. Code 140.30 and 140.35 for services provided to Medicaid-eligible clients. The provider will be held responsible for any claims disallowed resulting from non-compliance with this Part.
- e) Each provider shall contract with the Department and/or DCFS for the provision of Medicaid community mental health services.
- f) Billings for services rendered under the Medicaid community mental health program must be submitted by a provider to the Department or DCFS in the manner required by each Department. The billings shall include the following:
 - 1) A claim for reimbursement for each covered item of service provided to a client.
 - 2) A claim for reimbursement shall be submitted during the state fiscal year the service was delivered but in no case shall a claim be submitted later than 60 days from the end of the state fiscal year during which the service(s) was provided.
 - 3) The provider shall keep and make available such hardcopy records and source documents associated with each submitted reimbursement claim as necessary to disclose fully the nature and extent of service billings included therein.
 - 4) Each reimbursement claim submitted to the Department or DCFS shall be accompanied by a transmittal document providing a description of the claim for reimbursement (submitting provider, number of claim transactions, etc.) and a signed certification for each such batch.

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- g) The provider shall report to the Department or DCFS information regarding the client's private insurance coverage or third party liability coverage on the claim transaction. In addition, adjustments to prior approved claims must be submitted on the claim transaction. The provider shall bill all other third parties prior to billing the Department or DCFS for services and shall maintain a record of all such billings and payments received.
- h) Services such as individual, group, and family therapy, psychotropic medication prescription, review, monitoring and training, crisis intervention and case management shall be reimbursed at an all-inclusive per client-hour rate payable to the nearest quarter hour.
- i) Day treatment services such as intensive stabilization and extended treatment and rehabilitation shall be reimbursed at an all-inclusive per client-day rate payable for a four-hour period or payable to the nearest hour (e.g., at one quarter of the day rate for clients who do not receive the full four hours of service).
- j) Psychiatric services provided by physicians are reimbursed directly by the Department of Public Aid.
- k) Community-based rehabilitation services shall be reimbursed as a consolidated set of comprehensive services payable at a daily rate.

Section 132.85 Recordkeeping
EMERGENCY

- a) The provider shall maintain in the regular course of business the following:
- 1) Any and all business records which provide written documentation of financial arrangements between the provider and other providers in the program and other entities, or which are necessary to determine compliance with this Part including but not limited to:
 - A) Business ledgers of all transactions;
 - B) Records of all payments received, including cash;
 - C) Records of all payments made, including cash;
 - D) Corporate papers, including stock record books and minute books;

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- E) Records of all arrangements and payments related in any way to the leasing of real estate or personal property, including any equipment;
- F) Records of all accounts receivable and payable; and
- G) Hard copy and source documents relating to the creation of the service billing files.
- 2) Any and all client records which document the quality, type and quantity of services provided by the provider for which payment is claimed under this Part. Such records shall also include written documentation of compliance with all Sections of this Part pertinent to service provision.
- b) The business and client records required to be maintained must be retained for a period of not less than five years from the date of service, except that if an audit is initiated within the required retention period the records must be retained until the audit is completed and every exception resolved. This provision is not to be construed as a statute of limitations.
- c) All clinical and financial records required to be maintained shall be readily available for inspection, audit and copying (including photocopying) by Department or DCFS personnel and Department of Public Aid and U.S. Health Care Financing Administration compliance personnel during normal business hours at the provider's facility. Department or DCFS personnel shall make all attempts to examine such records without interfering with the professional activities of the provider.
- d) The compilation and storage of and accessibility to client records shall be governed by written policies and procedures, in accordance with the Confidentiality Act, which shall specify that:
- 1) Access to client records shall be limited to persons authorized by the Confidentiality Act and to the client;
 - 2) All entries in the client record shall be current, legible, dated and signed by the author;
 - 3) Facilities for the handling, processing and storage of client records shall be secured from theft, loss, or fire and access limited to personnel authorized by the provider; and
 - 4) Client data maintained on magnetic tapes, computer files, or other automated information systems shall be secure from theft, loss, or fire.

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Section 132.90 Provider site(s)
EMERGENCY

The provider shall:

- a) Use site(s) meeting accessibility standards as contained in the Illinois Accessibility Code (71 Ill. Adm. Code 400) pursuant to the Environmental Barriers Act (Ill. Rev. Stat. 1989, ch. 111, par. 3711 et seq.).
- b) Comply with approved state and local ordinances and codes relating to fire, building and sanitation, health and safety requirements as follows effective at the time of application:

- 1) Fire
 - A) NFPA 10, - Standard for Portable Extinguishers, (National Fire Protection Association, 1984);
 - B) NFPA 220, Standard Types of Building Construction, (National Fire Protection Association, 1985);
 - C) NFPA 255, - Test of Surface Burning Characteristics of Building Materials (National Fire Protection Association, 1984);
 - D) NFPA 258, Measuring Smoke Generated by Solid Material (Construction), (National Fire Protection Association, 1987);
 - E) Fire Resistance Index (Underwriters Laboratories, Inc., January 1987);
 - F) Building Material Index (Underwriters Laboratories, Inc., January 1987);
 - G) The rules of the Office of the State Fire Marshal at 41 Ill. Adm. Code 100.
- 2) Building
 - A) "AN ACT in relation to the licensing and regulation of plumbers, to repeal a certain Act therein named, and to prescribe penalties for the violation thereof" (Ill. Rev. Stat., 1989, ch. 111, par. 1101 et seq.).
 - B) NFPA 70 - National Electrical Code (National Fire Protection Association, 1987).

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- C) The "Uniform" or "National Building Code" as adopted by the local or county ordinance.

3) Sanitation, health and safety

- A) Have written policies and procedures for the provision of housekeeping services at the site(s).
- B) Develop and maintain an external and internal emergency disaster plan, including a fire evacuation plan.
- C) Designate space, equipment, and furnishings for the provision of services which shall be conducive to privacy, comfort and safety.
- c) The Department or DCFS will not review this Section, for providers which deliver Medicaid services exclusively in locations other than provider sites. Such locations include, but are not limited to, the client's residence, the client's school, a detention facility, or other agreed upon locations. Providers which deliver direct client services at the provider site shall be in compliance with the above provisions.

SUBPART C: UTILIZATION REVIEW AND CONTINUITY OF SERVICES

Section 132.95 Utilization review
EMERGENCY

There shall be a written utilization review (UR) plan and ongoing activities designed to assess the appropriateness of the admission to Medicaid community mental health services, intensity/level of services, and continued services. The written UR plan shall address:

- a) The methods and procedures for performing and recording individual case reviews;
- b) The authority and functions of the individual case review designated unit. The designated unit may be:
 - 1) A committee chaired by a QMHP, or
 - 2) A QMHP;
- c) Procedures describing the method for selecting cases for quarterly case review and the procedures for reviewing 10 percent of the Medicaid-eligible client caseload annually;

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- d) Procedures to ensure that the review includes and summarizes the client's progress over the previous 90 days;
- e) Policies and procedures for documenting and reporting individual case reviews, determinations and recommendations to the supervising QMHP and, if applicable, the billing department;
- f) Procedures for appeal of review decisions by the responsible QMHPs and the clients;
- g) Provisions for ensuring confidentiality of individual case reviews, determinations, results, and/or recommendations in accordance with the Confidentiality Act;
- h) Procedures for following up on case review recommendations; and
- i) Procedures to ensure that the final written approval and authorization for continuing treatment beyond established service utilization parameters is provided only by the signature of the reviewing QMHP.

Section 132.100 Clinical records
EMERGENCY

The client's clinical record shall contain, but is not limited to the following:

- a) Identifying information including name, Medicaid client identification number, address and telephone number, sex, date of birth, primary language or method of communication, marital status, emergency contact or guardian, date of initial contact and initiation of mental health services, third party insurance coverage and source of referral;
- b) Documentation of the informed consent for mental health services;
- c) Assessment and reassessment reports;
- d) A current ITP or rehabilitative services plan, progress notes and reviews;
- e) Documentation concerning the prescription and administration of psychotropic medication;
- f) Documentation of missed appointments;

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- g) Documentation of client movement (referral/transfer) during any active service period to or from the provider's programs or to or from other providers;
- h) Documentation to support each service rendered for which reimbursement is claimed which includes:
 - 1) The specific service(s) rendered;
 - 2) The date and actual time the service(s) were rendered;
 - 3) Who rendered the service(s);
 - 4) The setting in which the service(s) were rendered;
 - 5) The amount of time it took to deliver the service(s);
 - 6) The relationship of the service(s) to the ITP or rehabilitative services plan goals and client progress.
 - 7) Updates describing the client's progress.

- i) Justification for extension of service durations beyond the maximum units as set forth in this Part.

- j) A record of grievances filed by the client, including the nature of the complaint, date of complaint, and a statement regarding the resolution of the complaint;

- k) A record of the client's major accidents or incidents, self-reported or observed, resulting in an adverse change in the client's physical and/or mental functioning; and

- l) Discharge summary documenting the outcome of treatment and, as necessary, the linkages for continued services.

Section 132.105 Continuity and coordination of services
EMERGENCY

The provider shall ensure the continuity and coordination of services as provided in the client's ITP. The provider shall:

- a) Communicate relevant treatment and service information prior to or at the time that the client is transferred to a receiving program of the provider, or is terminated from service and referred to a program operated by another service provider, if the client and/or parent or guardian provides written authorization;

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- b) Document in the client's record the referrals to other human service providers and follow-up efforts to link the client to services; and
- c) Develop written interagency agreements with other relevant human service providers in the service area, as necessary.

Section 132.110 Availability of services
EMERGENCY

- a) Medicaid community mental health services shall be available and accessible to persons in need of such services as assessed and prescribed or recommended.
- b) Services shall be available at times other than regular business hours to meet the needs of eligible clients.
- c) The provider shall have written policies stating how services are designed to minimize temporal, economic, procedural, cultural, or linguistic barriers to Medicaid community mental health service delivery.
- d) To assure access to Medicaid community mental health services for the client as well as for the accompanying parent, guardian, or caregiver, transportation may be provided. To receive transportation reimbursement for covered Medicaid services, providers must enroll with the Department of Public Aid as "providers of transportation services" and directly bill the Department of Public Aid.

SUBPART D: CLINIC SERVICES

Section 132.115 Provisions
EMERGENCY

- a) Providers which apply for and are certified elect to be certified and enrolled to provide Medicaid community mental health services under the Medicaid clinic services option shall comply with the following:
 - 1) A provider contracting with the Department or DCFS must directly provide mental health assessment, ITP development, review, modification and psychiatric treatment as specified in this Subpart.
 - 2) Clinic services shall be provided to clients with a diagnosis of mental illness as defined in Section 132.25 and whose

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level of role functioning is impaired as indicated by a GAF or CGAS score of 70 or below.

- 3) Following an assessment, clinic services shall be prescribed by and provided under the direction of a physician.
- 4) Clinic services shall be delivered by a physician or by QMHP(s) and MHP(s) under the direction of a physician.

b) The provider shall ensure that physician direction of clinic services shall include the assumption of professional responsibility by the physician for the formulation of, approval of, or involvement of the physician in each client's ITP within 30 days from the date of completing the mental health assessment. The physician must document his or her direction by signing and dating his or her approval on the ITP or by signing a clinical note indicating concurrence with the ITP in the client's clinical record. Such review and approval of the ITP shall occur whenever there is a modification in the ITP or at least once every six months for adults or at least once every three months for children and adolescents, whichever comes first. If the physician is not a psychiatrist, the physician must have access to a psychiatrist. If the physician is directing services for children, the physician must have one year of experience in the treatment of children and adolescents. To fulfill the requirements of physician direction, the physician must see the client at least once.

c) All Medicaid community mental health services delivered pursuant to this Section shall be provided at a certified clinic site except as following:

- 1) Clinic services may be provided to homeless persons in any setting(s) where the homeless individual to be served is located.
- 2) Crisis assessment and crisis intervention services may be initiated at non-clinic sites for a Medicaid-eligible client when such services are not provided in the client's residence, are urgently needed, and when it is apparent that follow-up psychiatric treatment or other clinic services may be deemed necessary.
- d) The Department or DCFS may grant a waiver of subsection (a)(1) above, if it deems that such waiver increases the availability of clinic services to Medicaid-eligible clients.
- e) Enrolled providers must obtain certification for all mental health clinic services within 12 months of the provider's initial

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certification unless waived by the Department or DCFS. The provider shall enroll for certification of remaining services, using forms prescribed by the Department or DCFS. Services shall be certified based on compliance with the requirements of this Subpart. Such compliance will be determined through a retrospective review of Medicaid-eligible client records and quality assurance documents and the inspection of the provider's premises.

- f) In addition to the mental health interventions, transportation may be provided to or arranged for clients as part of specific service categories listed in this Section, as necessary, for the receipt of mental health services. This may be provided following the development of an ITP for the duration of the service period or immediately in a crisis situation for the duration of the crisis service period. Persons other than QMHP's and MHP's may transport the client. Transportation for the accompanying parent, guardian, or caregiver of a minor client may also be provided as necessary. The Department or DCFS will consider transportation necessary when the client is otherwise unable to obtain services, to assure provision of services, to assure the safety and well-being of the client (e.g., transfer of a client in crisis to a hospital), when access to services is limited by unavailability of alternative transportation or economic distress (i.e., the client lacks funds for transportation).

Section 132.120 Comprehensive assessment
EMERGENCY

- a) The provider shall insure that an individual requesting Medicaid community mental health services, or any individual who has been referred by order of a court, shall receive an assessment of his or her need for mental health services. The assessment process may include a preliminary assessment; a mental health assessment; a psychological evaluation and/or a psychiatric evaluation. The assessment process shall result in a determination of the need for mental health services, the type of Medicaid community mental health services required and shall ensure the appropriateness of admission for inpatient psychiatric hospitalization by examining and exhausting all other less restrictive alternatives available to meet the client's needs.

- b) The preliminary assessment of the need for mental health services shall be based on an interview with the client to gather information in the following areas:

- 1) Identifying information (see Section 132.100(a));

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- 2) Extent, nature, and severity of presenting problem(s);
- 3) Present level of functioning (self-reported).
- c) The preliminary assessment and determination of the need for Medicaid community mental health services shall be initiated within five working days of the request by the client or immediately in a crisis situation, as specified in Section 132.135(b).
- d) A client determined to be in need of mental health services shall receive a mental health assessment prior to the determination of the specific mental health service(s) and the initiation of services. If the client is determined to be in need of immediate crisis intervention services, a mental health assessment shall not be required prior to the initiation of crisis services.
- e) Prior to the initiation of the mental health assessment, the provider shall obtain informed consent from the client and the client's guardian, if applicable, unless the client is determined to be in need of crisis intervention services, or if the assessment is court-ordered for the client.
- f) The mental health assessment shall include, at a minimum, the assessment and written report of the following:

- 1) Personal and family history including the history of mental illness in the family;
- 2) Cognitive functioning (attention, memory, information, attitudes), perceptual disturbances, thought content, speech, and affect; and an estimation of the ability and willingness to participate in treatment;
- 3) History of mental health treatment;
- 4) Present level of functioning including social adjustment and daily living skills;
- 5) Legal status (guardianship, representative payee, trust beneficiary, pending court order);
- 6) Level of education and/or specialized training;
- 7) Previous employment and the acquired vocational skills, activities/interests, if applicable;
- 8) History of and/or current alcohol or chemical dependency;

- 9) Previous and current psychotropic medications, last physical examination, and any known medical problems;
- 10) Resource availability (income entitlements, health care benefits, subsidized housing, social services, etc.).
- g) During the mental health assessment, the client and the client's guardian, if applicable, shall be informed of services offered by the provider and shall be apprised of the client's rights in accordance with Chapter 2 of the Code.
- h) Responsibility for the completed mental health assessment shall be conducted by a QMHP and shall include at a minimum one face-to-face contact with the client and his or her family, at the client's request or by agreement of the client when the family can provide pertinent information or support, and the client's guardian, if applicable. Other mental health professionals who are under the direct supervision of a QMHP may participate in the mental health assessment pursuant to Section 132.115. The mental health assessment shall not require physician prescription and direction.
- i) The results of the mental health assessment shall be reviewed by the directing physician documented by a signed and dated progress note or a date and signature on the assessment with a statement and he or she shall make a determination if a psychiatric evaluation and/or a psychological evaluation is necessary in order to develop the client's ITP. The psychiatric evaluation, if applicable, shall be conducted by the physician on a face-to-face basis with the client. The psychological evaluation, if applicable, shall be conducted by a licensed psychologist, on a face-to-face basis with the client. If the mental health assessment is not conclusive and the client's diagnosis is deferred or a rule-out diagnosis is given, the provider has 30 days to determine the client's mental health needs and treatment. In instances when the diagnosis still cannot be determined or a rule-out diagnosis is given, the client's record must contain documentation as to what evaluations will be performed in order to provide a definitive diagnosis in the ITP.
- j) The assessment report(s), including the mental health assessment and the psychiatric and psychological evaluation, if applicable, shall be used in the development of the client's ITP.

Section 132.125 Treatment plan development and modification
EMERGENCY

- a) The individual treatment plan (ITP) shall be developed with the participation of the client and the client's guardian, if applicable. The plan shall be signed by the client if 12 years of

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- age or older or by the parent or legal guardian of a minor or by the legally appointed guardian of an adult who has been adjudicated as legally disabled, the QMHP and the physician who is directing the formulation of the ITP. A copy of the signed plan shall be given to the client, if not clinically contraindicated, and the client's parent or guardian, if applicable, and incorporated in the client's clinical record.
- b) The provider shall explain to the client and to the client's guardian, if applicable, the process for the development and the contents of the ITP.
- c) The ITP shall be developed within 30 days of the documented date of completing the mental health assessment. The ITP shall include a definitive diagnosis that has been determined using the DSM-III-R or the ICD-9-CM.
- d) The ITP shall state the overall goals of treatment and shall indicate the specific mental health services to be provided, in accordance with the following:
- 1) Describe the mental health service needs of the client in relationship to the mental health service(s) to be provided;
 - 2) Contain a statement relating to the goals, objectives and expected outcome(s) for the specific mental health service(s) provided to the client. The statement shall specify for each service:
 - A) Long-term goals and specific intermediate objectives stated sequentially;
 - B) Planned intervention related to accomplishing the objectives including the frequency, quantity and duration of services;
 - C) Date(s) on which each service objective was set and the expected length of service; and
 - D) Identification of the professional staff with responsibility for managing each service objective.
- e) The ITP shall be under the direction of a physician, pursuant to Section 132.115. The QMHP shall participate in the development of the ITP under physician direction, pursuant to Section 132.115. Other mental health professionals who are under the direct supervision of the QMHP, pursuant to Section 132.120 may also participate in the development of the ITP.

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- f) Clients who receive more than one type of mental health service shall have an ITP developed, reviewed, and modified, as necessary, by the team of individuals responsible for providing the respective services.
- g) The ITP shall be reviewed and modified, as necessary, semi-annually, at a minimum, for adult clients and quarterly, at a minimum, for children and adolescents by the directing physician and the QMHP involved in the formulation, implementation, and supervision of the ITP.
- h) If multiple providers are providing mental health services to the client, one master ITP shall be developed by the team of individuals responsible for providing the respective services.

Section 132.130 Psychiatric treatment
EMERGENCY

a) Service requirements

Psychiatric treatment services shall be provided to clients who require interpersonal therapy and/or psychotropic medication to promote growth in role functioning or to maintain role functioning in order to assist the client in functioning in the community.

b) Psychiatric treatment - psychotropic medication requirements include:

- 1) Psychotropic medication shall be prescribed by a physician licensed in accordance with the Medical Practice Act of 1987, who has conducted a psychiatric evaluation of the client, or in an emergency, is aware of the client's psychotropic medication history and the client's current level of functioning.
- 2) Psychotropic medication shall be administered by personnel licensed to administer medication pursuant to The Illinois Nursing Act of 1987 and the Medical Practice Act of 1987.
- 3) Psychotropic medication shall be reviewed every 90 days, at a minimum, by the physician.
- 4) Psychotropic medication shall be monitored and training shall be provided to clients in the following areas:
 - A) Psychiatric illness;

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- B) Psychotropic medications, effects and side-effects, adverse reactions;
 - C) Self-administration of medications;
 - D) Storage and safeguarding of medication; and
 - E) Communicating with mental health professionals regarding medication issues.
- 5) Notation shall be made in the client's clinical record regarding psychotropic medication and other types of medication. Notations shall include:
- A) All medication being taken by the client;
 - B) Current psychotropic medication: name, dosage, frequency, and method of administration;
 - C) Activities implemented to address any problem(s) resulting from psychotropic medication administration; and
 - D) A statement indicating that the client has been informed of the purpose of the psychotropic medication ordered and the side effects of the medication.
- 6) Psychotropic and other medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, security and in accordance with 77 Ill. Adm. Code 300.1640.
- 7) Psychotropic medication monitoring and training shall be provided by the physician, by a QMHP under the direction of a physician, or by a MHP, under the supervision of a QMHP pursuant to Section 132.115. The physician must designate, in writing, the professionals who provide medication monitoring and training services, as medication monitoring and training staff.
- c) Psychiatric treatment - primary therapy shall include:
- 1) Individual therapy;
 - 2) Group therapy;
 - 3) Family therapy (includes couples' therapy and marital counseling);

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- 4) On-going assessment and ITP review; and
- 5) Transportation, pursuant to Section 132.115(f).
- d) The services shall be provided:
- 1) Following a mental health assessment consistent with the client's ITP;
- 2) On a face-to-face or personal contact basis with clients, groups of clients and their families, at the client's request or agreement or based on the ITP; and
- 3) In the provider's clinic.
- e) Service eligibility and termination criteria
- 1) Service eligibility criteria shall include:
- Determination that the client's role functioning, is 70 or below as assessed using the GAF or CGAS Scales when not in crisis (see Section 132.135(b)(1)).
- 2) Service termination criteria shall include:
- A) Determination that the client's level of role functioning and the personal distress level has improved and has been maintained consistent with the ITP; or
- B) Determination that the client's level of role functioning has significantly deteriorated to a degree where referral or a transfer to a more intensive mental health treatment is indicated; or
- C) Documentation in the client's clinical record that the client terminated participation in the program.
- f) Staffing
- Psychiatric treatment services shall be delivered by or prescribed by a physician and delivered by a QMHP, pursuant to Section 132.115.
- Section 132.135 Crisis intervention
EMERGENCY
- a) Service requirements

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- 1) Crisis intervention services shall be provided to clients who are experiencing a psychiatric crisis and a high level of personal distress to provide brief and immediate, intensive treatment to reduce symptomatology, stabilize and restore the client to a previous level of role functioning and to assist the client in functioning in the community.
- 2) Crisis intervention shall include:
- A) Immediate preliminary assessment;
- B) Therapy (brief and immediate);
- C) Referral, linkage and consultation with other appropriate mental health services; and
- D) Transportation, pursuant to Section 132.115(f).
- 3) Crisis intervention services shall provide immediate crisis assessment to ensure the appropriateness of admission for psychiatric hospitalization by examining and exhausting all other less restrictive alternatives available to meet the client's needs.
- 4) Services shall be provided on a face-to-face basis, following, at a minimum, a preliminary assessment (see Section 132.120(b)) of the need for Medicaid community mental health services. A preliminary ITP shall be developed and incorporated into the ITP, if continuing Medicaid community mental health services are provided.
- 5) Access, referral, and linkage with continuing mental health services shall be provided for clients in crisis, including residential crisis care, respite care, and/or inpatient psychiatric treatment, as determined by a QMHP under the supervision of a physician or prescribed by a physician.
- b) Service eligibility and termination criteria
- 1) Crisis intervention services shall be available to persons presenting an apparent need for immediate mental health services. Service eligibility criteria shall include:
- A) Determination of deterioration in one or more areas of role functioning within the past seven days and which requires immediate resolution and stabilization to prevent further deterioration in role functioning; or

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- B) Determination that acute symptomatology requires immediate stabilization to prevent substantial deterioration in role functioning and to relieve personal distress.
- 2) Service termination criteria assessed by a QMHP under the supervision of a physician shall include:
- A) Determination that the crisis has been resolved and the client shows positive change toward restoration to a previous level of role functioning and/or decrease in personal distress and is not in need of further mental health services; or
 - B) Determination that the client has been stabilized but requires a transfer or referral to less intensive mental health treatment for continuing mental health services; or
 - C) Determination that the client has not been stabilized and the client requires a transfer or referral to more intensive mental health treatment for continuing mental health services; or
 - D) Documentation in the client's clinical record that the client terminated participation in the program.

c) Staffing

- 1) Crisis intervention services shall be delivered by or prescribed by a physician and delivered by a QMHP pursuant to Section 132.115. Physician prescription, however, shall not be required prior to service initiation but shall be secured within five working days of service provision. The QMHP may also be assisted by other mental health professionals, who are under the direct supervision of the QMHP pursuant to Section 132.115.
- 2) Crisis intervention staff shall be selected for experience and acuity in mental health assessment, crisis intervention techniques, and effective clinical decision-making under emergency conditions.
- 3) The number of crisis intervention staff shall be adequate to provide immediate crisis assessment, brief therapy, and referral and linkage on a face-to-face basis during the regular hours of service operation and at a minimum, provide crisis assessment and referral to mental health services, as

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necessary, after the regular hours of operation. Written agreements shall be established for referral of clients to crisis intervention services after regular operating hours, as necessary.

Section 132.140 Day treatment
EMERGENCY

- a) Service requirements
 - 1) Day treatment shall include intensive stabilization and extended treatment and rehabilitation services provided on an integrated, comprehensive and complimentary schedule of psychiatric and psychosocial treatment modalities addressing at least three areas of functioning:
 - A) Psychological;
 - B) Interpersonal; and
 - C) Primary role.
 - 2) Day treatment for individuals under the age of 21 years shall not include services that are educational in nature; for example, services identified in the individual education plan (IEP).
 - 3) Intensive stabilization and extended treatment and rehabilitation services shall include a range of therapeutic interventions provided in a therapeutic milieu following a mental health assessment, consistent with the client's ITP.
 - 4) Intensive stabilization services shall be billable in hourly increments for a maximum of four hours daily with a schedule of interventions focused on resolution or stabilization of short-term problems or crisis situations which, if not treated, would require inpatient psychiatric hospitalization including the provision of the following:
 - A) Therapy (individual, group and family);
 - B) Occupational therapy;
 - C) On-going assessment and ITP review; and
 - D) Transportation, pursuant to Section 132.115(f).

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- 5) Extended treatment and rehabilitation services shall be available for a minimum of four hours daily with a schedule of interventions focused on the development, acquisition, enhancement and/or maintenance of interpersonal and living skills to restore client functioning, facilitate re-entry into the family and community, including the provision of the following:

- A) Therapy (individual, group and family);
- B) Occupational therapy;
- C) Skills development and training;
- D) On-going assessment and ITP review; and
- E) Transportation, pursuant to Section 132.115(f).

b) Service eligibility and termination criteria

- 1) Specific service eligibility criteria for intensive stabilization shall include determination that the client:

- A) Exhibits signs, symptoms and associated features of mental illness and has experienced deterioration in role functioning in one or more primary areas, which requires immediate intervention to prevent further deterioration and the need for 24-hour supervised treatment, e.g. hospitalization; or
- B) Requires further continuation of treatment following hospitalization because symptoms persist and role functioning has not improved.

- 2) Specific service eligibility criteria for extended treatment and rehabilitation shall include determination that:

- A) The client's role functioning is 70 or below as assessed using the GAF or CGAS Scales;
- B) The client lacks independent living skills, and/or is unable to maintain community adjustment without structured intervention;
- C) The client has a sufficient level of stress tolerance to allow planned attendance and increasing participation in a structured extended rehabilitation program.

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3) Termination criteria

- A) General termination criteria for intensive stabilization shall include:
 - i) Determination that the client's level of acute distress/crisis has been resolved and previous role functioning restored consistent with ITP objectives; or
 - ii) Documentation in the client's clinical record that the client terminated participation in the program.

- B) General termination criteria for extended treatment and rehabilitation shall include:

- i) Determination that the client's level of role functioning has improved, and the rehabilitation services objectives have been obtained and maintained consistent with the ITP; or
- ii) Determination that the client's level of role functioning as assessed using the GAF or CGAS Scales, has not improved or has deteriorated and the extended rehabilitation services objectives have not been obtained consistent with the ITP; or
- iii) Documentation in the client's clinical record that the client terminated participation in the program.

c) Staffing

- 1) Intensive stabilization and extended treatment and rehabilitation services shall be prescribed by a physician and delivered by a QMHP, or by an MHP under the direct supervision of the QMHP, pursuant to Section 132.115.
- 2) Intensive stabilization services shall have a minimum of one full-time equivalent (FTE) mental health professional to every six adult clients (1:6) or 1:3 for child and adolescent clients, based on average daily attendance calculated annually.
- 3) Extended treatment and rehabilitation services shall have a minimum of one FTE mental health professional to 10 adult

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clients (1:10) or 1:6 to child and adolescent clients, based on average daily attendance calculated annually.

SUBPART E: REHABILITATIVE SERVICES

Section 132.145 Provisions
EMERGENCY

a) Providers which apply and are certified and enrolled to provide Medicaid community mental health services under the Medicaid rehabilitative services option shall comply with the following:

- 1) A provider contracting with the Department must directly provide mental health assessment, ITP development, review, modification and at least one of the following rehabilitative mental health services:
 - A) Intensive stabilization services;
 - B) Extended treatment and rehabilitation services;
 - C) Psychosocial rehabilitation day program services;
 - D) Individual/family social rehabilitation and training;
 - E) Community-based rehabilitation; or,
 - F) Intensive family-based services for children and adolescents.

2) A provider contracting with DCFS must provide directly or by subcontract rehabilitative services assessment, rehabilitative services ITP development, review, modification and at least one other rehabilitative service as specified in Section 132.155.

3) A physician or LPHA shall be responsible for recommending medically necessary rehabilitative services.

4) The provider shall ensure that clinical direction of specified rehabilitative services, including review and approval of the ITP or rehabilitative services plan, review and approval of modifications in the ITP or rehabilitative services plan, and periodic review of the client's progress is provided in accordance with Sections 132.150 and/or 132.155.

5) All Medicaid community mental health services delivered pursuant to this Subpart may be provided on-site, in non-clinic locations and in other locations where the clients to be served are located.

b) The Department or DCFS may grant a waiver of any of the services specified in subsection (a)(1) or (a)(2) above, if it deems that such waiver increases the availability of rehabilitative services to Medicaid-eligible clients. The Department's waiver may include a substitution of other services as specified in Section 132.155, excluding Section 132.155(j).

Section 132.150 Rehabilitative mental health services
EMERGENCY

a) Services under this Section shall be provided to clients with a diagnosis of mental illness and whose level of role functioning is impaired as indicated by a GAF or CGAS score of 70 or below.

b) A physician or a LPHA shall provide clinical direction of the provision of rehabilitative mental health services which shall include review and approval of ITP development and modification. Such ITP shall be reviewed and modified, as necessary, but no less than once every six months.

c) Service needs evaluation

1) The provider shall ensure that an individual requesting Medicaid community mental health services, or any client who has been referred by order of a court, shall receive an evaluation of his or her need for mental health services. The service needs evaluation process may include a mental health assessment, a psychological assessment and/or a psychiatric evaluation. The service needs evaluation process shall result in a determination of the need for mental health services, the type of mental health services required and shall ensure the appropriateness of admission for inpatient psychiatric hospitalization by examining and exhausting all other less restrictive alternatives available to meet the client's needs.

2) The service needs evaluation shall include a mental health assessment which is based on an interview with the client.

3) The mental health assessment and determination of the need for mental health services shall be initiated within five working days of the request by the client, or parent/guardian

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of a child or adolescent, or immediately in a crisis situation.

- 4) A client determined to be in need of rehabilitative mental health services shall receive a mental health assessment prior to the determination of the specific mental health service(s) and the initiation of services. If the client is determined to be in need of immediate crisis intervention services, a mental health assessment shall not be required prior to the initiation of crisis services.
- 5) Prior to the initiation of the mental health assessment, the provider shall obtain informed consent from the client and the client's guardian, if applicable, unless the client is determined to be in need of crisis intervention services, or if the assessment is court-ordered for the client.
- 6) The mental health assessment shall include, at a minimum, the compilation, assessment and written report of the following:
 - A) Identifying information (see Section 132.110(a));
 - B) Extent, nature, and severity of presenting problem(s);
 - C) Personal and family history including the history of mental illness in the family;
 - D) Cognitive functioning (attention, memory, information, attitudes), perceptual disturbances, thought content, speech, and affect; and an estimation of the ability and willingness to participate in treatment;
 - E) History of mental health treatment;
 - F) Present level of functioning including social adjustment and daily living skills;
 - G) Legal status (guardianship, representative payee, trust beneficiary, pending court order);
 - H) Level of education and/or specialized training;
 - I) Previous employment and the acquired vocational skills, activities/interests, if applicable;
 - J) History of and/or current alcohol or chemical dependency;

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- K) Previous and current psychotropic medications, last physical examination, and any known medical problems;
- L) Resource availability (i.e., income entitlements, health care benefits, subsidized housing, social services).
- 7) Responsibility for the completed mental health assessment shall be assumed by a QMHP and shall include at a minimum one face-to-face contact with the client and his or her family, at the client's request or by agreement of the client when the family can provide pertinent information or support, and the client's guardian, if applicable. An MHP(s) under the direct supervision of a QMHP may participate in the mental health assessment.
- 8) The mental health assessment may be initiated without the prior recommendation of the physician or LPHA.
- 9) The results of the mental health assessment shall be reviewed by the physician or LPHA and documented by signature on the ITP. The physician or LPHA shall make a determination if a psychiatric evaluation and/or a psychological assessment is necessary in order to develop the client's ITP. A psychiatric evaluation, if recommended, shall be conducted by the physician on a face-to-face basis with the client. A psychological assessment, if recommended, shall be conducted by a licensed clinical psychologist on face-to-face basis with the client.
- 10) The service needs evaluation report(s), including the mental health assessment, the psychiatric evaluation, if applicable, and the psychological assessment, if applicable, shall be used in the development of the client's ITP.
- d) Treatment plan development, review and modification
 - 1) The provider shall explain to the client and to the client's guardian, if applicable, the process for the development and the contents of the ITP.
 - 2) The ITP shall be developed with the participation of the client and the client's guardian, if applicable. The plan shall be signed by the client if 12 years of age or older or by the parent or legal guardian of a minor or by the legally appointed guardian of an adult who has been adjudicated as legally disabled, the QMHP, and the physician and/or LPHA involved in the formulation of the ITP. A copy of the signed

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plan shall be offered to the client, if not clinically contraindicated, and the client's parent or guardian, if applicable, and incorporated in the client's clinical record.

- 3) The ITP shall be developed within 30 days of the documented date of completing the mental health assessment. The ITP shall include a definitive diagnosis that has been determined using the DSM-III-R or ICD-9-CM. If the diagnosis cannot be determined within 30 days or a rule-out diagnosis is given, the client's clinical record must contain documentation as to what evaluation(s) will be performed in order to provide a definitive diagnosis in the ITP.

- 4) The ITP shall state the overall goals of treatment and shall indicate the specific mental health services to be provided, in accordance with the following:

- A) Description of the mental health service needs of the client in relation to the rehabilitative mental health service(s) to be provided;
- B)
 - 1) Contain a statement relating to the goals, objectives and expected outcome(s) for the specific rehabilitative mental health service(s) provided to the client. The statement shall specify for each service:
 - i) Long-term goals and specific intermediate objectives stated sequentially;
 - ii) Planned intervention related to accomplishing the objectives including the frequency, quantity and duration of services;
 - iii) Date(s) on which each service objective was set and the expected length of service; and
 - iv) Identification of the professional staff with responsibility for managing each service objective.

- 5) Responsibility for development of the ITP shall be assumed by a QMHP as documented by his or her signature on the ITP.

- 6) A physician or LPHA shall provide the clinical direction of rehabilitative mental services identified in the ITP as documented by his or her signature on the ITP. Such clinical direction includes reviewing the plan no less than once every six months and modifying the plan as necessary.

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- 7) Mental health professionals may participate in the development of the ITP.

- 8) If multiple providers are involved in providing services under this Section, one master ITP shall be developed by the team of individuals responsible for providing the respective services.

e) Psychiatric treatment

- 1) Psychotropic medication requirements include:

- A) Psychotropic medication shall be prescribed by a physician who has conducted a psychiatric evaluation of the client, or in an emergency, is aware of the client's psychotropic medication history and the client's current level of functioning.

- B) Psychotropic medication shall be administered by personnel licensed to administer medication pursuant to The Illinois Nursing Act of 1987 and the Medical Practice Act of 1987.

- C) Psychotropic medication shall be reviewed every 90 days, at a minimum, by the physician.

- D) Psychotropic medication monitoring and training shall be provided to clients in the following areas:

- i) Psychiatric illness;
- ii) Psychotropic medications, effects and side-effects, adverse reactions;
- iii) Self-administration of medications;
- iv) Storage and safeguarding of medication; and
- v) Communicating with mental health professionals regarding medication issues.

- E) Notation shall be made in the client's clinical record regarding psychotropic medication and other types of medication. Notations shall include:

- i) All medication being taken by the client;

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- ii) Current psychotropic medication: name, dosage, frequency, and method of administration;

iii) Activities implemented to address any problem(s) resulting from psychotropic medication administration; and

iv) A statement indicating that the client has been informed of the purpose of the psychotropic medication ordered and the side effects of the medication.
- F) Psychotropic and other medication shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, security and in accordance with 77 Ill. Adm. Code 300.1640.

G) Psychotropic medication monitoring and training shall be provided by the physician, by a QMHP under the direction of a physician, or by a MHP, under the supervision of a QMHP. The physician must designate, in writing, the professionals who provide medication monitoring and training services, as medication monitoring and training staff.
- 2) Therapy or counseling shall include:

A) Individual therapy or counseling;

B) Group therapy or counseling;

C) Family therapy (includes couples' therapy and marital counseling) or family counseling; and

D) On-going assessment and ITP review.

3) The services shall be provided:

A) Following a mental health assessment and consistent with the client's ITP;

B) On a face-to-face or personal contact basis with adult clients and their families, at the client's request or agreement; or with groups of clients; or with a child or adolescent client and his or her family, and based on the ITP;

4) Service termination criteria shall include:

A) Determination that the client's level of role functioning and the personal distress level has improved and has been maintained consistent with the ITP; or

B) Determination that the client's level of role functioning has significantly deteriorated to a degree where referral or a transfer to a more intensive mental health treatment is indicated; or

C) Documentation in the client's clinical record that the client terminated participation in the program.

5) Psychiatric treatment services shall be provided in accordance with the following:

A) Therapy services shall be provided by a QMHP.

B) Counseling may be provided by a QMHP or MHP.

f) Crisis intervention

1) Crisis intervention services shall be provided to clients who are experiencing a psychiatric crisis and a high level of personal distress to provide brief and immediate, intensive treatment to reduce symptomatology, stabilize and restore the client to a previous level of role functioning and to assist the client in functioning in the community.

2) Crisis intervention services shall include:

A) Immediate preliminary assessment;

B) Therapy or counseling (brief and immediate); and

C) Referral, linkage and consultation with other appropriate mental health services.

3) Crisis intervention services shall provide immediate crisis assessment to ensure the appropriateness of admission for psychiatric hospitalization by examining and exhausting all other less restrictive alternatives available to meet the client's needs.

4) Services shall be provided on a face-to-face basis, following, at a minimum, an assessment of the need for mental health services. A preliminary ITP shall be developed and

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incorporated into the ITP, if continuing mental health services are provided.

- 5) Crisis intervention services may be initiated prior to development of the ITP. Referral and linkage with continuing mental health services shall be provided for clients in crisis, including residential crisis care, respite care, and/or inpatient psychiatric treatment, as needed.

- 6) Service eligibility and termination criteria

- A) Crisis intervention services shall be available to clients presenting an apparent need for immediate mental health services. Service eligibility criteria shall include:

- i) Determination of deterioration in one or more areas of role functioning within the past seven days and which requires immediate resolution and stabilization to prevent further deterioration in role functioning; or

- ii) Determination that acute symptomatology requires immediate stabilization to prevent substantial deterioration in role functioning and to relieve personal distress.

- B) Service termination criteria shall include:

- i) Determination that the crisis has been resolved and the client shows positive change toward restoration to a previous level of role functioning and/or decrease in personal distress and is not in need of further mental health services; or

- ii) Determination that the client has been stabilized but requires a transfer or referral to less intensive mental health treatment for continuing mental health services; or

- iii) Determination that the client has not been stabilized and the client requires a transfer or referral to more intensive mental health treatment for continuing mental health services; or

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- iv) Documentation in the client's clinical record that the client terminated participation in the program.

- 7) Crisis intervention services may be delivered by a QMHP or an MHP with access to a QMHP under the supervision of a QMHP who is available for immediate consultation and clinical supervision.

- 8) The number of crisis intervention staff shall be adequate to provide immediate crisis assessment, brief therapy or counseling, and referral and linkage on a face-to-face basis during the regular hours of service operation and at a minimum, provide crisis assessment and referral to mental health services, as necessary, after the regular hours of operation. Written agreements shall be established for referral of clients to crisis intervention services after regular operating hours, as necessary.

- g) Day rehabilitation treatment programs

- 1) Day rehabilitation treatment programs may include three levels of rehabilitative mental health services provided within a format of structured daily activities which are designed to promote improvement in psychological, interpersonal, and age-appropriate or independent role functioning which shall include intensive stabilization, extended treatment and rehabilitation and psychosocial rehabilitation. Such programs are specified as intensive stabilization services, extended treatment and rehabilitation services, or psychosocial rehabilitation day program services. Each service provides an integrated, comprehensive and complimentary schedule of psychiatric and/or psychosocial treatment modalities provided in a therapeutic milieu addressing at least three areas of functioning:

- A) Psychological;
- B) Interpersonal; and
- C) Age-appropriate or independent role functioning.

- 2) Day rehabilitation treatment programs for individuals under the age of 21 years shall not include services that are educational in nature; for example, services identified in the individual education plan (IEP).

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- 3) Intensive stabilization and extended treatment and rehabilitation services shall include a range of therapeutic interventions provided following a mental health assessment and consistent with the client's ITP.
- 4) Intensive stabilization services shall be available for a minimum of four hours daily with a schedule of interventions focused on resolution or stabilization of short-term problems or crisis situations which, if not treated, would require inpatient psychiatric hospitalization including the provision of the following:

A) Therapy (individual, group and family);

B) Occupational therapy; and

C) On-going assessment and ITP review.
- 5) Extended treatment and rehabilitation services shall be available for a minimum of four hours daily with a schedule of interventions focused on the development, acquisition, enhancement and/or maintenance of interpersonal and living skills to restore client functioning, facilitate re-entry into the family and community, including the provision of the following:

A) Therapy (individual, group and family);

B) Occupational therapy;

C) Skills development and training; and

D) On-going assessment and ITP review.
- 6) Psychosocial rehabilitation day program services shall be available for a minimum of four hours a day, five days a week. Individuals participate in services based on their individualized needs consistent with their ITP.
- 7) Psychosocial rehabilitation day program services include provision of core service elements which address individual skill acquisition in age-appropriate or independent role functioning and include:

A) Individual or group counseling;

B) Individual or group skills training; and

- C) Community integration and reintegration.
- 8) Service eligibility and termination criteria

A) Specific service eligibility criteria for intensive stabilization shall include determination that the client:

i) Exhibits signs, symptoms and associated features of mental illness and has experienced deterioration in role functioning in one or more primary areas, which requires immediate intervention to prevent further deterioration and the need for 24-hour supervised treatment, e.g., hospitalization; or

ii) Requires further continuation of treatment following hospitalization because symptoms persist and role functioning has not improved.
- B) Specific service eligibility criteria for extended treatment and rehabilitation services and psychosocial rehabilitation day program services shall include determination that:

i) The client lacks independent living skills, and/or is unable to maintain community adjustment without structured intervention; or

ii) The client has a sufficient level of stress tolerance to allow planned attendance and increasing participation in a structured extended rehabilitation program.
- C) General termination criteria for intensive stabilization shall include:

i) Determination that the client's level of acute distress/crisis has been resolved and previous role functioning restored consistent with ITP objectives; or

ii) Documentation in the client's clinical record that the client terminated participation in the program.

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D) General termination criteria for extended treatment and rehabilitation services and psychosocial rehabilitation day program services shall include:

- i) Determination that the client's level of role functioning has improved, and the rehabilitation services objectives have been obtained and maintained consistent with the ITP; or
- ii) Determination that the client's level of role functioning as assessed using the GAF or CGAS Scales, has not improved or has deteriorated and the extended rehabilitation services objectives have not been obtained consistent with the ITP; or
- iii) Documentation in the client's clinical record that the client terminated participation in the program.

9) Staffing

- A) Intensive stabilization services shall be delivered by a QMHP. Extended treatment and rehabilitation services may be delivered by a QMHP or MHP. Psychosocial rehabilitation day program services may be delivered by an MHP.
 - B) Intensive stabilization services shall have a minimum of one full-time equivalent (FTE) QMHP to every six adult clients (1:6) or 1:3 for child and adolescent clients, based on average daily attendance calculated annually.
 - C) Extended treatment and rehabilitation services shall have a minimum of one FTE MHP to 10 adult clients (1:10) or 1:6 to child and adolescent clients, based on average daily attendance calculated annually.
 - D) Psychosocial rehabilitation day program services shall have a minimum of one FTE MHP to 15 clients (1:15).
- h) Individual/family social rehabilitation and training
- 1) Services shall be delivered following a mental health assessment, in formal sessions using a training curriculum or other clearly defined formats, and be focused on acquisition of skills identified in the ITP.

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- 2) Services shall be provided individually or in a group setting on a face-to-face basis with the client or with the client and/or the client's family.
- 3) Opportunity to apply skills in the appropriate community setting(s) shall be available.
- 4) Service eligibility shall include determination that the client or the client and the client's family has skills deficits for which social rehabilitation and training is the appropriate intervention.
- 5) Service termination criteria shall include determination that the service objectives have not and/or are unlikely to be met through continuation of this service or documentation in the client's clinical record that the client terminated participation in the program.
- 6) Client/family social rehabilitation and training services shall be provided by MHP(s).

i) Community-based rehabilitation

In order to provide community-based rehabilitation, the provider shall comply with 59 Ill. Adm. Code 115 (Standards and Licensure Requirements for Community-Integrated Living Arrangements).

j) Client-centered consultation

- 1) Is provided on a face-to-face or personal contact basis for the purpose of implementing and/or evaluating the implementation of the client's ITP.
- 2) May include:
 - A) A scheduled meeting or conference for professional communication between provider staff and staff of other agencies, child-caring systems including school personnel or other professionals involved in the treatment process.
 - B) A scheduled meeting or conference for professional communication between provider staff and family members for involved in the treatment process.
- 3) Must be provided in conjunction with one or more rehabilitative mental health services as specified in this

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Section and may be provided without prior authorization in the ITP up to 12 hours per year.

- 4) Does not include advice given in the course of clinical staff supervisory activities, in-service training, treatment planning or utilization review and may not be billed as part of the assessment process.

- 5) May be provided by a QMHP or MHP.

k) Intensive family-based services for children and adolescents

- 1) Intensive family-based services:

A) Shall be provided to a child or adolescent with a mental illness and to his or her other family members as needed to support the rehabilitation and restoration of the child or adolescent to an optimal level of functioning and to reduce the risk of more restrictive treatment for the child or adolescent such as psychiatric hospitalization.

B) Are concentrated therapeutic activities which may include:

- i) One-to-one counseling for therapeutic activities;
- ii) Counseling related to ITP goals and objectives;
- iii) Individual/family social rehabilitation and training related to the child's emotional deficits;
- iv) Counseling in behavioral management; and
- v) Assistance in household management related to the provision of mental illness-related care services for the child.

C) Are generally provided in-home or at other off-site locations and are made available when and where the needs of the child and family can best be met.

D) Must be provided in conjunction with other rehabilitative mental health services and are primarily used as a catalyst to stabilize acute crisis situations and/or to diffuse or avert a family crisis.

- 2) A client 17 years of age or younger and his or her family are eligible for services when the level of the client's or his or her family's role functioning requires in-home or other intensive therapeutic interventions to avoid more restrictive services, such as inpatient hospitalization or other out of home placement.

- 3) Generally termination criteria for intensive family based services shall include a determination that the child's and his or her family's level of role functioning has improved or has been stabilized to allow for transfer or referral to less intensive rehabilitative mental health services or case closure.

- 4) Services may be provided by an MHP.

Section 132.155 Family intervention, stabilization and reunification services
EMERGENCY

a) Services under this Section are provided to clients with substantial impairment in role functioning as indicated by an ICD-9-CM diagnosis who DCFS has determined requires services pursuant to one of its legal mandates for the purpose of assuring the protection and permanency of one or more child or adolescent members of the family, and who meet one or more of the following conditions:

- 1) A child for whom DCFS is legally responsible who is placed in a relative foster home, a licensed foster home, group home or, as permitted by federal law, a child care institution and the child has been determined to:

A) Be demonstrating behavioral and/or emotional responses so different from generally accepted age-appropriate, ethnic or cultural norms as to result in a significant impairment in self-care or social relationships or educational progress and behavior or work adjustment or family (or equivalent) adjustment; or

B) Be at risk or has actually experienced separation from his or her family.

- 2) Members of the family of a child described in subsection (a) (1) above when involvement of the child's family in services is identified as directly related to the child's problems and is also identified in the child's rehabilitative services plan.

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- 3) A child for whom DCFS is legally responsible or other child served by DCFS who resides with his or her parent or guardian and the child meets one of the criteria listed in subsection (a)(1) above.
- 4) Members of the family served by DCFS when the child who meets one of the criteria in subsection (a)(1) above is residing with his or her parent or guardian and involvement of the family in services is directly related to resolving the child's problem as identified in the child's rehabilitative services plan.
- b) When the parent or guardian with whom the child resides has a DSM-III-R diagnosis of mental illness, a GAF score of 70 or less, and successful treatment of the illness is essential for the child's protection and/or permanency, services shall be provided in accordance with Section 132.150.
- c) Rehabilitative assessment
 - 1) A rehabilitative assessment shall be initiated within five working days of a written referral or a verbal request which is confirmed in writing within 48 hours.
- 2) The rehabilitative assessment consists of:
 - A) Face-to-face and collateral information gathering activities;
 - B) Performance of professionally recognized diagnostic and assessment procedures, including, as necessary, the administration of valid, reliable psychometric instruments; and,
 - C) Report preparation.
- 3) A psychiatric evaluation, if applicable, shall be conducted by a physician on a face-to-face basis with the client.
- 4) A psychological assessment, if applicable, shall be conducted by a licensed clinical psychologist on a face-to-face basis with the client.
- 5) The rehabilitative assessment shall include at a minimum the items identified in Section 132.150(c)(6).
- 6) When the rehabilitative assessment results in the determination that additional services under this Section are

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- required, such services shall be recommended by a physician or a LPHA.
- 7) Responsibility for the completed rehabilitative assessment shall be assumed by staff possessing a master's degree in human services or a bachelor's degree in human services and five years of human services experience who may be assisted by staff with a minimum of a bachelor's degree in human services. A minimum of one face-to-face contact with the client and his or her family, at the client's request or by agreement of the client, when the family can provide pertinent information or support, and the client's guardian, if applicable, is required for completion of the rehabilitative services assessment.
- 8) A client determined to be in need of rehabilitative services shall receive a rehabilitative assessment prior to the determination of the specific rehabilitative services and the initiation of services. If the client is determined to be in need of immediate rehabilitative crisis intervention and stabilization services pursuant to subsection (f) below, a rehabilitative assessment shall not be required prior to the initiation of rehabilitative crisis intervention and stabilization services.
- d) Rehabilitative services plan development, review and modification
 - 1) The rehabilitative services plan shall be developed with the participation of the client and the client's guardian, if applicable. The plan shall be signed by the client, if 12 years of age or older, or by the parent or legal guardian of the minor client, the staff who developed the plan and the physician, LPHA or supervising QMHP. A copy shall be given to the client, if not contraindicated, and the client's parent or guardian, if applicable, and incorporated in the client record.
 - 2) The rehabilitative services planning process consists of: face-to-face contacts; collateral contacts; meetings with the client; and time spent creating and recording initial and subsequent rehabilitative service plans, evaluating and recording progress, and soliciting and receiving supervisory approval.
 - 3) The rehabilitative services plan shall be developed within 30 days of the documented date of completing the rehabilitative services assessment. The rehabilitative services plan shall

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include a diagnosis as specified in the DSM-III-R or ICD-9-CM.

- 4) The rehabilitative services plan shall state the overall goal of the services, identify the specific rehabilitative services to be provided, the duration of services and the anticipated outcomes.
- 5) Responsibility for development of the rehabilitative services plan shall be assumed by staff having at least a bachelor's degree in human services with two years of human services experience.
- 6) The planning process for clients who also receive rehabilitative services under Section 132.150 shall comply with the provisions of this subsection.
- 7) A physician, LPHA or supervising QMHP shall provide ongoing clinical direction of family intervention, stabilization and reunification services identified in the rehabilitative services plan. Such clinical direction includes reviewing the plan no less than once every six months and modifying the plan, as necessary.
- 8) A physician or a LPHA shall determine the continuing necessity for services under this Section at least annually.
- 9) If multiple providers are involved in providing services described in this Section, one master rehabilitative services plan shall be developed by the team of individuals responsible for providing the respective services.

e) Rehabilitative counseling

- 1) Rehabilitative counseling shall be provided in accordance with a rehabilitative services plan for the purpose of behavioral or functional changes in the eligible adult or child which are necessary for the individual's day-to-day functioning.
- 2) Rehabilitative counseling activities may include individual, group or family counseling.
- 3) Responsibility for the provision of rehabilitative counseling shall be assumed by an individual possessing at least a bachelor's degree in human services with one year of human services experience.

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f) Rehabilitative crisis intervention and stabilization

- 1) Rehabilitative crisis intervention and stabilization services shall be provided to all eligible clients who are experiencing an acute crisis which threatens safety or functioning, or extrusion from the family.
- 2) Rehabilitative crisis intervention and stabilization shall include:
 - A) Immediate preliminary assessment;
 - B) Counseling; and
 - C) Referral to other applicable medically necessary rehabilitative services.
- 3) The rehabilitative crisis intervention and stabilization process consists of face-to-face intervention with a client, and short-term placement prevention services.
- 4) Rehabilitative crisis intervention and stabilization services shall be delivered by staff possessing a bachelor's degree in human services with one year of human services experience. Pre-psychiatric hospitalization screening shall be handled only by a QMHP or by an MHP with access to a QMHP who is available for immediate consultation and clinical supervision.
- g) Rehabilitative consultation and review
 - 1) Rehabilitative consultation and review activities are provided in accordance with a rehabilitative services plan.
 - 2) Rehabilitative consultation and review activities may include:
 - A) Scheduled service related individual meetings between the case manager and supervisor;
 - B) Scheduled multidisciplinary case consultations;
 - C) Attendance at and participation in required DCFS case reviews including administrative case reviews; and,
 - D) Participation in scheduled court hearings.

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- 3) Responsibility for rehabilitative consultation and review activities is limited to:

- A) Staff serving as case managers/lead workers and their supervisors;
- B) Staff meeting as part of a multidisciplinary consultation team; and/or,
- C) Staff participating in required DCFS reviews, including administrative case reviews.

h) Rehabilitative stabilization services

- 1) Rehabilitative stabilization services shall be provided in accordance with specifications in a rehabilitative services plan in order to develop or maintain an adult's or child's functioning.

- 2) Rehabilitative stabilization activities may include:

- A) Parental functioning development;
- B) Individual functioning development;
- C) Self management functioning development;
- D) Parent-child interaction functioning development or sibling interaction functioning development;
- E) Self-management development; and,
- F) Family management development.

- 3) Responsibility for the provision of rehabilitative stabilization services shall be assumed by a person with no less than two years of human services experience or a rehabilitative services assistant (RSA).

i) Developmental rehabilitative services

- 1) Developmental rehabilitative services shall be provided in accordance with a rehabilitative services plan to restore a child or adolescent to a maximum level of functioning.

- 2) Developmental rehabilitative services may include time spent in activities using art, music, drama, play or recreation either to individuals or as a group activity.

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- 3) Responsibility for the provision of developmental rehabilitative services shall be assumed by an individual possessing a bachelor's degree in the specific area plus at least two-years experience in the specific area.

SUBPART F: CASE MANAGEMENT SERVICES

Section 132.160 Provisions
EMERGENCY

A provider contracting with the Department or DCFS and certified under Subpart D or E may apply for certification in accordance with the provisions of this Subpart.

Section 132.165 Mental health case management services
EMERGENCY

- a) Mental health case management services may be provided to any individual receiving services in accordance with Subpart D or E who has a mental illness and who requires assistance in gaining access to mental health services and to social, educational, vocational, recreational, housing, public income entitlements, and other community services to assist the client in functioning in the community.

- b) Mental health case management activities shall include:

- 1) Linkage with a continuum of mental health services;
- 2) Linkage with basic resources, which may include:
 - A) Applying for financial, medical and other public entitlements;
 - B) Locating housing;
 - C) Obtaining medical and dental care;
 - D) Obtaining other social, educational, vocational, and recreational services.

- 3) Client-specific advocacy and assistance with problem solving/resolution to assist the client in building community support and family support systems;

- 4) 24-hour crisis response availability; and

- 5) Interagency service coordination.

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c) Mental health case management services shall be provided following a mental health assessment and be authorized consistent with the client's ITP (except that immediate assistance may be provided to obtain food, shelter and clothing without prior authorization, if needed) on a face-to-face basis or personal contact basis with the client, his or her family, or other persons (such as employees of the public aid offices, restaurants, or neighborhood centers), at the client's request or agreement or based on the ITP, primarily in the client's own home or other appropriate community locations.

d) Service eligibility criteria shall include determination that:

- 1) The client is currently receiving (or needs) at least two of the following types of services: mental health, medical, social, educational, rehabilitative, housing, or other service. Service needs must be documented in the client's ITP (for example, clients who need/receive only psychotropic medication are not eligible for case management services); or
- 2) The client is planned to be discharged from an inpatient psychiatric facility and may require linkage with a provider for continuing mental health services and community/family support, and may be in need of immediate assistance in securing appropriate housing and income entitlements in order to function independently in the community.

e) Service termination criteria shall include:

- 1) Determination that the client's level of role functioning has improved and has been maintained consistent with the ITP, and that the client is no longer in need of advocacy to support adequate role functioning; or
- 2) Determination that the client has been successfully linked with appropriate mental health services and other basic services consistent with the ITP and is no longer in need of assistance or advocacy to maintain them. Successful linkage is person-to-person contact between a client and the staff of a community provider which has agreed to provide necessary services and the mutual agreement between a client and the staff of the community provider that appropriate services are available and are likely to meet the client's needs; or
- 3) Documentation in the client's record that the client terminated participation in the program.

f) Mental health case management services may be provided by a QMHP or by an MHP.

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g) The annual maximum units for mental health case management services shall not exceed 240 hours and such units are billed in 15 minute increments.

Section 132.170 Rehabilitative case management EMERGENCY

a) Services under this Section are provided to clients with substantial impairment in role functioning as indicated by an ICD-9-CM diagnosis who DCFS has determined requires services pursuant to one of its legal mandates for the purpose of assuring the protection and permanency of one or more child or adolescent members of the family; and who meet one or more of the following conditions:

- 1) A child for whom DCFS is legally responsible who is placed in a relative foster home, a licensed foster home, group home or, as permitted by federal law, a child care institution and the child has been determined to:

A) Be demonstrating behavioral and/or emotional responses so different from generally accepted age-appropriate, ethnic or cultural norms as to result in a significant impairment in self-care or social relationships or educational progress and behavior or work adjustment or family (or equivalent) adjustment; or

B) Be at risk or has actually experienced separation from his or her family.

- 2) Members of the family of a child described in subsection (a) (1) above when involvement of the child's family in services is identified as directly related to the child's problems and is also identified in the child's rehabilitative services plan.

- 3) A child for whom DCFS is legally responsible or other child served by DCFS who resides with his or her parent or guardian and the child meets one of the criteria listed in subsection (a)(1) above.

- 4) Members of the family served by DCFS when the child who meets one of the criteria in subsection (a)(1) above is residing with his or her parent or guardian and involvement of the family in services is directly related to resolving the child's problem as identified in the child's rehabilitative services plan.

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b) When the parent or guardian with whom the child resides has a DSM-III-R diagnosis of mental illness, a GAF score of 70 or less, and mental health case management services are needed to support for the child's protection and/or permanency, services are to be provided in accordance with Section 132.165.

c) Rehabilitative services coordination

1) Rehabilitative services coordination shall be provided in accordance with a rehabilitative services plan to assist eligible adults and children access and participate in recommended rehabilitative services.

2) Rehabilitative services coordination activities may include all direct or collateral contacts, including problem-solving intervention of a short duration, with or on behalf of the eligible client which are intended to coordinate the client's access to and receipt of recommended services.

3) Responsibility for the provision of rehabilitative services coordination shall be assumed by a person who has no less than two years of human services experience or a RSA.

d) Rehabilitative transition linkage and aftercare services

1) Rehabilitative transition linkage and aftercare services shall be provided to eligible children to assist in an effective transition in living arrangement consistent with the child's welfare and development.

2) Rehabilitative transition linkage and aftercare services activities may consist of the time spent:

A) Planning with staff of current or receiving living arrangements (including foster or legal parents as necessary);

B) Locating placement resources;

C) Arranging/conducting pre-placement visits; and,

D) Developing an aftercare services plan.

3) Rehabilitative transition linkage and aftercare services responsibility shall be assumed by a person possessing at least a bachelor's degree in human services and one year of human services experience.

e) The annual maximum units for rehabilitative services coordination shall not exceed 240 hours and such units are billed in 15 minute increments.

f) The annual maximum units for rehabilitative transition linkage and aftercare services shall not exceed 40 hours and such units are billed in 15 minute increments.

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Section 132. Appendix B

Table A

EMERGENCY

Mental Health Clinic Program Client Services
Utilization Parameters

SERVICE	MINIMUM UNIT BILLABLE*	AVERAGE UNITS PER SPECIFIED PERIOD	ANNUAL MAXIMUM UNITS
Mental health assessment	15 min	6 hours (per 6 months)	12 hours
Psychological evaluation** (testing)		(per 12 months)	6 hours
Treatment plan (development and modification)	15 min	one hour (per 90 days)	12 hours
Psychotropic medication prescription, review, and monitoring & training	15 min	2 hours (per 30 days)	24 hours
Crisis intervention	15 min	10 hours (per 30 days)	50 hours
Day treatment/intensive stabilization	1 hour	22 days (per 30 days)	176 hours
Day treatment/extended treatment and rehabilitation	1 day (4 hrs)	22 days (per 30 days)	880 hours
Adult psychiatric treatment individual therapy (60 min av) family therapy (120 min av) group therapy (90 min av)	15 min	4 hours 8 hours 6 hours (per 30 days)	36 hours 72 hours 54 hours
Children/adolescents psychiatric treatment individual therapy (60 min av) family therapy (120 min av) group therapy (90 min av)	15 min	8 hours 16 hours 12 hours (per 30 days)	96 hours 193 hours 144 hours

*

Billable to the nearest quarter hour, e.g. 55 minutes is billable to one hour or to the nearest hour for day treatment, e.g. at $\frac{1}{2}$ of the day rate, if the client does not attend the typical full 4 hour day which is billable at the all inclusive full day rate.

**

Psychological evaluation shall be billed at the rate established for mental health assessment.

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Intensive family-based services
for children and adolescents 15 min 400 hours

Community-based rehabilitation 1 day 365 days

* Billable to the nearest quarter hour, e.g. 55 minutes is billable to one hour or to the nearest hour for day treatment, e.g. at $\frac{1}{4}$ of the day rate, if the client does not attend the typical full 4 hour day which is billable at the all inclusive full day rate.

** Psychological assessment shall be billed at the rate established for rehabilitative assessment.

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Section 132. Appendix B Rehabilitative Mental Health Services
Table B Utilization Parameters
EMERGENCY

SERVICE	MINIMUM UNIT BILLABLE*	ANNUAL MAXIMUM UNITS
Mental health assessment	15 min	12 hours
Psychological assessment**	one evaluation	12 hours
Treatment plan (development, review and modification)	15 min	24 hours
Psychotropic medication monitoring & training	15 min	32 hours
Crisis intervention	15 min	60 hours
Adult psychiatric treatment individual therapy or counseling	15 min	60 hours
family therapy or counseling	15 min	104 hours
group therapy or counseling	15 min	196 hours
Children/adolescents psychiatric treatment individual therapy or counseling	15 min	120 hours
family therapy or counseling	15 min	192 hours
group therapy or counseling	15 min	144 hours
Rehabilitation day treatment programs intensive stabilization	1 hour	176 hours
extended treatment and rehabilitation psychosocial rehabilitation day program	1 hour	1056 hours
Individual/family social rehabilitation and training	15 min	1056 hours
Client-centered consultation	15 min	120 hours
		32 hours

DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES

NOTICE OF EMERGENCY RULES

Section 132. Appendix B Family Intervention, Stabilization and Reunification
Table C Services Utilization Parameters
EMERGENCY

SERVICE	MINIMUM UNIT BILLABLE*	ANNUAL MAXIMUM UNITS
Rehabilitative assessment**	15 min	12 hours
Rehabilitative services plan (development, review and modification)	15 min	24 hours
Rehabilitative crisis intervention and stabilization services	15 min	60 hours
Rehabilitative counseling individual family group	15 min 15 min 15 min	60 hours 104 hours 156 hours
Rehabilitative stabilization services	15 min	120 hours
Rehabilitative consultation and review	15 min	32 hours
Developmental rehabilitative services	15 min	140 hours

* Billable to the nearest quarter hour, e.g. 55 minutes is billable to one hour.

** Psychological services shall be billed at the rate established for rehabilitative assessment.

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

1) The Heading of the Part: MEDICAL PAYMENT

2) Code Citation: 89 Ill. Adm. Code 140

3) Section Number: Emergency Action:
140.27 Amendment

4) Statutory Authority: Section 11-3 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, Ch. 23, Par. 11-3), as amended by P.A. 87-13

5) Effective Date of Emergency Amendment: December 20, 1991

6) If this Emergency Amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: Not applicable

7) Date Filed in Agency's Principal Office: December 20, 1991

8) Reason for Emergency: Section 5 of P.A. 87-13 states that any part of that amendatory act may be implemented through emergency rulemaking.

9) A Complete Description of the Subjects and Issues Involved: These rules implement a portion of P.A. 87-13 which makes it clear that a provider can assign, reassign, sell, pledge or grant a security interest in payments due the provider to the Illinois Health Facilities Authority in connection with a financing program undertaken by the Authority.

10) Are there any proposed amendments pending to this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
140.2	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.3	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.5	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.11	Amendment	May 10, 1991 (15 Ill. Reg. 6949)

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DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

Section Numbers	Proposed Action	Illinois Register Citation
140.94	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.95	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.400	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.425	Repealed	August 30, 1991 (15 Ill. Reg. 12171)
140.426	Repealed	August 30, 1991 (15 Ill. Reg. 12171)
140.428	Repealed	August 30, 1991 (15 Ill. Reg. 12171)
140.440	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.441	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.442	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.449	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140.469	Amendment	September 20, 1991 (15 Ill. Reg. 13685)
140.512	Amendment	September 13, 1991 (15 Ill. Reg. 13274)
140.513	Amendment	September 13, 1991 (15 Ill. Reg. 13274)
140.514	Amendment	August 16, 1991 (15 Ill. Reg. 11555)
140.530	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.538	Amendment	November 8, 1991 (15 Ill. Reg. 15933)

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DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

Section Numbers	Proposed Action	Illinois Register Citation
140.552	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.560	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.561	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.562	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.569	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.583	Amendment	November 8, 1991 (15 Ill. Reg. 15933)
140.646	Amendment	May 10, 1991 (15 Ill. Reg. 6949)
140.835	Repealed	November 8, 1991 (15 Ill. Reg. 15933)
140. Table E	Amendment	August 30, 1991 (15 Ill. Reg. 12171)
140. Table F	Repealed	August 30, 1991 (15 Ill. Reg. 12171)

11) Statement of Statewide Policy Objectives: This rulemaking has no effect on local governmental units.

12) Information and questions regarding this Emergency Amendment shall be directed to:

Name: David Peterson, Deputy General Counsel
Office Of The General Counsel

Address: Illinois Department of Public Aid
Jesse B. Harris Building II
100 South Grand Avenue East, 3rd Floor
Springfield, Illinois 62762

Telephone: (217) 782-1233

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

The full text of the Emergency Amendment begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER d: MEDICAL PROGRAMS

PART 140
MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

140.1
140.2
140.3

Incorporation By Reference
Medical Assistance Programs
Covered Services Under The Medical Assistance Programs for AFDC, AFDC-MANG, AABD, AABD-MANG, RRP, Individuals Under Age 18 Not Eligible for AFDC, Pregnant Women Who Would Be Eligible if the Child Were Born and Pregnant Women and Children Under Age Eight Who Do Not Qualify As Mandatory Categorically Needy

140.4

Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)

140.5

Covered Medical Services Under GA and AMI

140.6

Medical Services Not Covered

140.7

Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight

140.8

Medical Assistance For Qualified Severely Impaired Individuals

140.9

Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy

140.10

Medical Assistance Provided to Incarcerated Persons

SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

Section

140.11

Enrollment Conditions for Medical Providers

140.12

Participation Requirements for Medical Providers

140.13

Definitions

140.14

Denial of Application to Participate in the Medical Assistance Program

140.15

Recovery of Money

140.16

Termination of a Vendor's Eligibility to Participate in the Medical Assistance Program

140.17

Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program

DEPARTMENT OF PUBLIC AID

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Section 140.18	Effect of Termination on Individuals Associated with Vendor
140.19	Application to Participate or for Reinstatement Subsequent to Termination, Suspension or Barring
140.20	Submittal of Claims
140.21	Covered Medicaid Services for Qualified Medicare Beneficiaries (QMBs)
140.22	Magnetic Tape Billings
140.23	Payment of Claims
140.24	Payment Procedures
140.25	Overpayment or Underpayment of Claims
140.26	Payment to Factors Prohibited
140.27	Assignment of Vendor Payments
<u>EMERGENCY</u>	
140.28	Record Requirements for Medical Providers
140.30	Audits
140.35	False Reporting and Other Fraudulent Activities
140.40	Prior Approval for Medical Services or Items
140.41	Prior Approval in Cases of Emergency
140.42	Limitation on Prior Approval
140.43	Post Approval for Items or Services When Prior Approval Cannot Be Obtained
140.71	Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
140.72	Drug Manual (Recodified)
140.73	Drug Manual Updates (Recodified)

SUBPART C: PROVIDER PARTICIPATION FEES

Section 140.94	Hospital Services (Recodified)
140.95	Participation (Recodified)
140.96	General Requirements (Recodified)
140.97	Special Requirements (Recodified)
140.98	Covered Hospital Services (Recodified)
140.99	Hospital Services Not Covered (Recodified)
140.100	Limitation on Hospital Services (Recodified)
140.101	Transplants (Recodified)
140.102	Heart Transplants (Recodified)
140.103	Liver Transplants (Recodified)
140.104	Bone Marrow Transplants (Recodified)
140.110	Disproportionate Share Hospital Adjustments (Recodified)
140.116	Payment for Inpatient Services for GA (Recodified)
140.117	Hospital Outpatient and Clinic Services (Recodified)
140.200	Payment for Hospital Services During Fiscal Year 1982 (Recodified)

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

Section 140.201	Payment for Hospital Services After June 30, 1982 (Repealed)
140.202	Payment for Hospital Services During Fiscal Year 1983 (Recodified)
140.203	Limits on Length of Stay by Diagnosis (Recodified)
140.300	Payment for Pre-operative Days and Services Which Can Be Performed in an Outpatient Setting (Recodified)
140.350	Copayments (Recodified)
140.360	Payment Methodology (Recodified)
140.361	Non-Participating Hospitals (Recodified)
140.362	Pre July 1, 1989 Services (Recodified)
140.363	Post June 30, 1989 Services (Recodified)
140.364	Prepayment Review (Recodified)
140.365	Base Year Costs (Recodified)
140.366	Restructuring Adjustment (Recodified)
140.367	Inflation Adjustment (Recodified)
140.368	Volume Adjustment (Repealed)
140.369	Groupings (Recodified)
140.370	Rate Calculation (Recodified)
140.371	Payment (Recodified)
140.372	Review Procedure (Recodified)
140.373	Utilization (Repealed)
140.374	Alternatives (Recodified)
140.375	Exemptions (Recodified)
140.376	Utilization, Case-Mix and Discretionary Funds (Repealed)
140.390	Subacute Alcoholism and Substance Abuse Services (Recodified)
140.391	Definitions (Recodified)
140.392	Types of Subacute Alcoholism and Substance Abuse Services (Recodified)
140.394	Payment for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.396	Rate Appeals for Subacute Alcoholism and Substance Abuse Services (Recodified)
140.398	Hearings (Recodified)
SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES	
Section 140.400	Payment to Practitioners, Nurses and Laboratories
140.410	Physicians' Services
140.411	Covered Services By Physicians
140.412	Services Not Covered By Physicians
140.413	Limitation on Physician Services
140.414	Requirements for Prescriptions and Dispensing of Pharmacy Items - Physicians

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Section 140.416 140.417 140.418 140.420 140.421 140.422 140.425 140.426 140.427 140.428 140.429 140.430 140.431 140.432 140.433 140.434 140.435 140.436 140.440 140.441 140.442 140.443 140.444 140.445 140.446 140.447 140.448 140.449 140.450 140.452 140.453 140.454 140.455 140.456 140.457 140.458 140.459 140.460 140.461 140.462 140.463 140.464 140.465 140.466 140.467 140.469	Optometric Services and Materials Limitations on Optometric Services Department of Corrections Laboratory Dental Services Limitations on Dental Services Requirements for Prescriptions and Dispensing of Pharmacy Items - Dentists Podiatry Services Limitations on Podiatry Services Requirement for Prescriptions and Dispensing of Pharmacy Items - Podiatry Chiropractic Services Limitations on Chiropractic Services (Repealed) Independent Laboratory Services Services Not Covered by Independent Laboratory Limitations on Independent Laboratory Services Payment for Laboratory Services Record Requirements for Independent Laboratories Nurse Services Limitations on Nurse Services Pharmacy Services Pharmacy Services Not Covered Prior Approval of Prescriptions Filling of Prescriptions Compounded Prescriptions Prescription Items (Not Compounded) Over-the-Counter Items Reimbursement Returned Pharmacy Items Payment of Pharmacy Items Record Requirements for Pharmacies Mental Health Clinic Services Definitions Types of Mental Health Clinic Services Payment for Mental Health Clinic Services Hearings Therapy Services Prior Approval for Therapy Services Payment for Therapy Services Clinic Services Clinic Participation Requirements (Emergency Expired) Covered Services in Clinics (Emergency Expired) Encounter Rate Clinic Payment (Emergency Expired) Psychiatric Clinics (Hospital-based) Speech and Hearing Clinics Rural Health Clinics Independent Clinics Hospice
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Section 140.500 140.502 140.503 140.504 140.505 140.506 140.507 140.510 140.511 140.512 140.513 140.514	Group Care Services Cessation of Payment at Federal Direction Cessation of Payment for Improper Level of Care Cessation of Payment Because of Termination of Facility Continuation of Payment Because of Threat To Life Provider Voluntary Withdrawal Continuation of Provider Agreement Determination of Need for Group Care Services Provided Without Charge Utilization Control Utilization Review plan Certifications and Recertifications of Care

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Section 140.515	Management of Recipient Funds--Personal Allowance Funds
140.516	Recipient Management of Funds
140.517	Correspondent Management of Funds
140.518	Facility Management of Funds
140.519	Use or Accumulation of Funds
140.520	Management of Recipient Funds--Local Office Responsibility
140.521	Room and Board Accounts
140.522	Reconciliation of Recipient Funds
140.523	Bed Reserves
140.524	Cessation of Payment Due to Loss of License
140.525	Eligibility For Quality Incentive Program (QUIP)
140.526	Quality Incentive Standards and Criteria for the Quality Incentive Program (QUIP)
140.527	Quality Incentive Survey
140.528	Payment of Quality Incentive
140.529	Reviews
140.530	Basis of Payment for Group Care Services
140.531	General Service Costs
140.532	Health Care Costs
140.533	General Administration Costs
140.534	Ownership Costs
140.535	Costs for Interest, Taxes and Rent
140.536	Organization and Pre-Operating Costs
140.537	Payments to Related Organizations
140.538	Special Costs
140.539	Nurse's Aide Training and Testing
140.540	Costs Associated With Nursing Home Care Reform Act and Implementing Regulations
140.541	Salaries Paid to Owners or Related Parties
140.542	Cost Reports-Filing Requirements
140.543	Time Standards for Filing Cost Reports
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140.545	Penalty for Failure to File Cost Reports
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140.551	General Service Costs
140.552	Nursing and Program Costs
140.553	General Administrative Costs
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140.555	Minimum Wage
140.560	Components of the Base Rate Determination
140.561	Support Costs Components
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140.565	Incentive Payments for Quality Care (Repealed)
140.566	Level I Incentive Payments (Repealed)
140.567	Level II Incentive Payments (Repealed)

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Section 140.568	Duration of Incentive Payments (Repealed)
140.569	Clients With Exceptional Care Needs
140.570	Capital Rate Component Determination
140.571	Fair Rental Value (FRV) Calculation
140.572	Total Capital Rate
140.573	Other Capital Provisions
140.574	Capital Costs for Rented Facilities
140.575	Newly Constructed Facilities (Repealed)
140.576	Renovations (Repealed)
140.577	Capital Costs for Rented Facilities (Renumbered)
140.578	Property Taxes
140.579	Specialized Living Centers
140.580	Mandated Capital Improvements
140.581	Qualifying as Mandated Capital Improvement
140.582	Cost Adjustments
140.583	Campus Facilities
140.584	Illinois Municipal Retirement Fund (IMRF)
140.590	Audit and Record Requirements
140.642	Screening Assessment for Long Term Care and Alternative Residential Settings and Services
140.643	In-Home Care Program
140.645	Medical and In-Home Care For Disabled Persons Under Age 21
140.646	Reimbursement for Developmental Training (DT) Services for Individuals With Developmental Disabilities Who Reside in Long Term Care (ICF and SNF) and Residential (ICF/MR) Facilities
140.647	Description of Developmental Training (DT) Services
140.648	Determination of the Amount of Reimbursement for Developmental Training (DT) Programs
140.649	Effective Dates of Reimbursement for Developmental Training (DT) Programs
140.650	Certification of Developmental Training (DT) Programs
140.651	Decertification of Day Programs
140.652	Terms of Assurances and Contracts
140.680	Effective Date Of Payment Rate
140.700	Discharge of Long Term Care Residents
140.830	Appeals of Rate Determinations
140.835	Determination of Cap on Payments for Long Term Care
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Section 140.850	General Description
140.855	Definition of Terms
140.860	Covered Services
140.865	Sponsor Qualifications

DEPARTMENT OF PUBLIC AID
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140.870 Sponsor Responsibilities
140.875 Department Responsibilities
140.880 Provider Qualifications
140.885 Provider Responsibilities
140.890 Payment Methodology
140.895 Contract Monitoring
140.896 Reimbursement For Program Costs (Active Treatment)
For Clients in Long Term Care Facilities For the
Developmentally Disabled (Recodified)

SUBPART G: REIMBURSEMENT FOR NURSING COSTS FOR GERIATRIC FACILITIES

Section
140.900 Reimbursement For Nursing Costs For Geriatric
Residents in Group Care Facilities (Recodified)
140.901 Functional Areas of Needs (Recodified)
140.902 Service Needs (Recodified)
140.903 Definitions (Recodified)
140.904 Times and Staff Levels (Repealed)
140.905 Statewide Rates (Repealed)
140.906 Reconsiderations (Recodified)
140.907 Midnight Census Report (Recodified)
140.908 Times and Staff Levels (Recodified)
140.909 Statewide Rates (Recodified)
140.910 Referrals (Recodified)
140.911 Basic Rehabilitation Aide Training Program
(Recodified)
140.912 Interim Nursing Rates (Recodified)

SUBPART H: ILLINOIS COMPETITIVE ACCESS AND REIMBURSEMENT
EQUITY (ICARE) PROGRAM

Section
140.940 Illinois Competitive Access and Reimbursement Equity
(ICARE) Program (Recodified)
140.942 Definition of Terms (Recodified)
140.944 Notification of Negotiations (Recodified)
140.946 Hospital Participation in ICARE Program Negotiations
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140.948 Negotiation Procedures (Recodified)
140.950 Factors Considered in Awarding ICARE Contracts
(Recodified)
140.952 Closing an ICARE Area (Recodified)
140.954 Administrative Review (Recodified)
140.956 Payments to Contracting Hospitals (Recodified)
140.958 Admitting and Clinical Privileges (Recodified)

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Section
140.960 Inpatient Hospital Care or Services by
Non-Contracting Hospitals Eligible for Payment
(Recodified)
140.962 Payment to Hospitals for Inpatient Services or
Care not Provided under the ICARE Program
(Recodified)
140.964 Contract Monitoring (Recodified)
140.966 Transfer of Recipients (Recodified)
140.968 Validity of Contracts (Recodified)
140.970 Termination of ICARE Contracts (Recodified)
140.972 Hospital Services Procurement Advisory Board
(Recodified)
140. TABLE A Medicare Recommended Screening Procedures
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140. TABLE B Health Service Areas
140. TABLE C Capital Cost Areas
140. TABLE D Schedule of Dental Procedures
140. TABLE E Time Limits for Processing of Prior Approval
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140. TABLE F Podiatry Service Schedule
140. TABLE G Travel Distance Standards
140. TABLE H Areas of Major Life Activity
140. TABLE I Staff Time and Allocation for Training Programs
(Recodified)
140. TABLE J HSA Grouping
140. TABLE K Services Qualifying for 10% Add-On
140. TABLE L Services Qualifying for 10% Add-On to Surgical
Incentive Add-On

AUTHORITY: Implementing Article III of the Illinois Health Finance Reform Act (Ill. Rev. Stat. 1989, ch. 111 1/2, par. 6503-1 et seq.) and implementing and authorized by Articles III, IV, V, VI, VII and Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1989, ch. 23, pars. 3-1 et seq., 4-1 et seq., 5-1 et seq., 6-1 et seq., 7-1 et seq., and 12-13)

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory

amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; recodified at 8 Ill. Reg. 22463; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; emergency amendment at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17893; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill.

Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.914 thru 140.916 recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.207 thru 147.209; Table A and 147.210 recodified to 89 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988;

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

emergency amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7025, effective April 24, 1989; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826,

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; Section 140.569 withdrawn at 15 Ill. Reg. 1174; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART B: MEDICAL PROVIDER PARTICIPATION/DRUG MANUAL

Section 140.27 Assignment of Vendor Payments
EMERGENCY

- a) Except as provided in subsections (b) and (c) below, vendor payments and the right to receive such payments are absolutely inalienable by assignment, sale, attachment, garnishment or otherwise.
- b) A medical vendor may use his right to receive vendor payments as collateral for loans from banks, credit unions, and savings and loan associations chartered under or trust companies issued certificates of authority under Chapter 17 of the Illinois Revised Statutes, provided that such arrangements:

DEPARTMENT OF PUBLIC AID

NOTICE OF EMERGENCY AMENDMENT

Section 140.27 Assignment of Vendor Payments (Cont'd)
EMERGENCY

- 1) shall not require the Department to issue the payment directly to any person or entity other than the vendor; and
 - 2) shall not constitute any activities prohibited by the provisions of 42 U.S.C.A. 1396(a)(32) (1983) and Section 140.26 ("Payment to Factors Prohibited").
- c) A medical vendor or other vendor or service provider may assign, reassign, sell, pledge or grant a security interest in any such financial aid, vendor payment or money payments of grants he has a right to receive to the Illinois Health Facilities Authority in connection with any financing program undertaken by such Authority, or to an agent or trustee accepting, accomplishing, effectuating or realizing upon any such assignment, reassignment, sale, pledge or grant on such Authority's behalf; and such arrangements may provide that the Department shall issue the payment directly to the Illinois Health Facilities Authority or to any such agent or trustee.

(Source: Emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days)

DEPARTMENT ON AGING

NOTICE OF PUBLIC HEARING ON PROPOSED AMENDMENTS

- 1) Heading of the Part: Community Care Program
- 2) Code Citation: 89 Ill. Adm. Code 240
- 3) Register Citation to Notice of Proposed Amendments:
15 Ill. Reg. 17007; December 2, 1991
- 4) Date, Time and Location of Public Hearing:

Date: January 10, 1992
Location: State of Illinois Center
 Room 9040
 100 W. Randolph
 Chicago, IL 60601
Time: 3:00 p.m. to 7:00 p.m.

5) Other Pertinent Information:

The Department will accept written comments on the Proposed Amendments through Thursday, January 16, 1992. Anyone desiring to submit written comments at the Public Hearing should submit them to one of the designated Department staff who will provide a written receipt, if one is desired. Others desiring to submit written comments following the hearing should direct them to:

Mary J. Mayes
 Policy and Rules Analyst
 Illinois Department on Aging
 421 East Capitol Avenue
 Springfield, IL 62701

DEPARTMENT OF STATE POLICE

NOTICE OF PUBLIC HEARING ON PROPOSED RULES

1) Heading of the Part: Firearm Transfer Inquiry Program

2) Code Citation: 20 Ill. Adm. Code 1235

3) Register Citation to Notice of Proposed Rules:

15 Ill. Reg. 17566; December 6, 1991

4) Date, Time, and Location of Public Hearing:

January 30, 1992
9:00 a.m. to 12:00 Noon
Room 114, State House
Springfield, Illinois

5) Other Pertinent Information: The hearing will be for the sole purpose of providing an opportunity for public comment on the proposed administrative rules for the Firearm Transfer Inquiry Program published in the Illinois Register, Volume 15, page 17466, December 6, 1991. The text of the Proposed Rules are identical to the Emergency Rules as they appeared on page 17785 of the same issue of the Illinois Register. The following procedures shall be followed:

1. Written comment may be submitted in lieu of oral testimony. Such comment may be delivered to the hearing or mailed prior to the hearing to the address indicated in the Notice of Proposed Rules (Mr. James W. Redlich, Chief Legal Counsel, Illinois State Police, 103 Armory Building, P.O. Box 19461, Springfield, Illinois 62794-9461, 217/782-7658).
2. Those persons wishing to testify shall provide notice of this intention to the Department. Notice shall be made in writing to the address indicated in the Notice of Proposed Rules and must be received by close of business on January 27, 1992.
3. Testimony shall be limited to not more than fifteen minutes per person. The Department reserves the right to limit to five minutes per person repetitive comments addressing the same issue.
4. In the event time permits, the Department reserves the right to waive or modify the time and notice limitations.
5. The hearing will be open to the public and recorded by stenographic or mechanical means.
6. Any questions concerning the hearing can be directed to the address indicated in the Notice of Proposed Rules.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
STRATTON OFFICE BUILDING
ROOM A-1

SPRINGFIELD, ILLINOIS

10:00 A.M.

JANUARY 8, 1992

NOTICE: It is the policy of the Committee to allow only representatives of state agencies to testify orally on any rule under consideration at Committee hearings. If members of the public wish to express their views with respect to a proposed rule, they should submit written comments to the Office of the Joint Committee on Administrative Rules at the following address:

Joint Committee on Administrative Rules
509 South Sixth Street
Room 500

Springfield, Illinois 62701

AGENDA

I. Approval of December 13, 1991 Minutes

II. Review of Proposed Agency Rulemaking

Department of Commerce and Community Affairs

1. Local Tourism and Convention Bureau Program (14 Ill. Adm. Code 550)
-First Notice Published: 15 Ill. Reg. 10249 - 7-12-91
-Expiration of Second Notice Period: 1-16-92
2. State Administration of the Federal Community Services Block Grant Program (47 Ill. Adm. Code 120)
-First Notice Published: 15 Ill. Reg. 13993 - 9-27-91
-Expiration of Second Notice Period: 1-20-92

Illinois Commerce Commission

3. Standards of Service for Electric Utilities (83 Ill. Adm. Code 410)
-First Notice Published: 15 Ill. Reg. 11899 - 8-23-91
-Expiration of Second Notice Period: 1-10-92
4. Standards for Service for Gas Utilities (83 Ill. Adm. Code 500)
-First Notice Published: 15 Ill. Reg. 11905 - 8-23-91
-Expiration of Second Notice Period: 1-10-92

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

5. Purchase and Sale of Electric Energy from Qualified Solid Waste Energy Facilities (83 Ill. Adm. Code 445)
 -First Notice Published: 15 Ill. Reg. 11025 - 8-2-91
 -Expiration of Second Notice Period: 1-23-92

Department of Conservation

6. Boat Access Area Development Program (17 Ill. Adm. Code 3035)
 -First Notice Published: 15 Ill. Reg. 14783 - 10-18-91
 -Expiration of Second Notice Period: 1-20-92
7. Illinois Snowmobile Grant Program (17 Ill. Adm. Code 3010)
 -First Notice Published: 15 Ill. Reg. 14794 - 10-18-91
 -Expiration of Second Notice Period: 1-20-92
8. Land and Water Conservation Fund Grant Program (17 Ill. Adm. Code 3030)
 -First Notice Published: 15 Ill. Reg. 14807 - 10-18-91
 -Expiration of Second Notice Period: 1-20-92
9. Snowmobile Trail Establishment Fund Grant Program (17 Ill. Adm. Code 3020)
 -First Notice Published: 15 Ill. Reg. 14820 - 10-18-91
 -Expiration of Second Notice: 1-20-92
10. The Taking of Wild Turkeys - Spring Season (17 Ill. Adm. Code 710)
 -First Notice Published: 15 Ill. Reg. 14833 - 10-18-91
 -Expiration of Second Notice Period: 1-20-92
11. Nuisance Wildlife Control Permits (17 Ill. Adm. Code 525)
 -First Notice Published: 15 Ill. Reg. 15647 - 11-1-91
 -Expiration of Second Notice Period: 2-3-92

Board of Higher Education

12. Illinois Cooperative Work Study Program (23 Ill. Adm. Code 1015)
 -First Notice Published: 15 Ill. Reg. 14852 - 10-18-91
 -Expiration of Second Notice Period: 1-27-92

Department of Employment Security

13. Administrative Hearings and Appeals (56 Ill. Adm. Code 2725)
 -First Notice Published: 15 Ill. Reg. 14014 - 9-27-91
 -Expiration of Second Notice Period: 1-16-92

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

14. Payment of Unemployment Contributions, Interest and Penalties (56 Ill. Adm. Code 2765)
 -First Notice Published: 15 Ill. Reg. 14032 - 9-27-91
 -Expiration of Second Notice Period: 1-17-92

15. Claims, Adjudication, Appeals and Hearings (56 Ill. Adm. Code 2720)
 -First Notice Published: 15 Ill. Reg. 14343 - 10-11-91
 -Expiration of Second Notice Period: 1-30-92

Environmental Protection Agency

16. Landfill Operators Certification (68 Ill. Adm. Code 870)
 -First Notice Published: 15 Ill. Reg. 12094 - 8-30-91
 -Expiration of Second Notice Period: 1-16-92

Illinois Local Governmental Law Enforcement Officers Training Board

17. Illinois Police Training Act (20 Ill. Adm. Code 3113)
 -First Notice Published: 15 Ill. Reg. 15251 - 10-25-91
 -Expiration of Second Notice Period: 1-30-92

Department of Insurance

18. Minimum Standards for Individual and Group Medicare Supplement Insurance (50 Ill. Adm. Code 2008)
 -First Notice Published: 15 Ill. Reg. 14859 - 10-18-91
 -Expiration of Second Notice Period: 1-16-92

Department of Mental Health and Developmental Disabilities

19. Administration (59 Ill. Adm. Code 101)
 -First Notice Published: 15 Ill. Reg. 14363 - 10-11-91
 -Expiration of Second Notice Published: 1-20-92

Department of Mines and Minerals

20. Illinois Oil and Gas Act (62 Ill. Adm. Code 240)
 -First Notice Published: 15 Ill. Reg. 14365 - 10-11-91
 -Expiration of Second Notice Period: 1-10-92

Department of Public Aid

21. Developmental Disabilities Service (89 Ill. Adm. Code 144)
 -First Notice Published: 15 Ill. Reg. 7455 - 5-17-91
 -Expiration of Second Notice Period: 1-9-92

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

22. Medical Payment (89 Ill. Adm. Code 140)
-First Notice Published: 15 Ill. Reg. 7482 - 5-17-91
-Expiration of Second Notice Period: 1-9-92
23. Child Support Enforcement (89 Ill. Adm. Code 160)
-First Notice Published: 15 Ill. Reg. 806 - 1-25-91
-Expiration of Second Notice Period: 1-13-92
24. Medical Assistance Programs (89 Ill. Adm. Code 120)
-First Notice Published: 15 Ill. Reg. 833 - 1-25-91
-Expiration of Second Notice Period: 1-13-92
25. Medical Payment (89 Ill. Adm. Code 140)
-First Notice Published: 15 Ill. Reg. 13685 - 9-20-91
-Expiration of Second Notice Period: 1-30-92

Department of Public Health

26. Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)
-First Notice Published: 15 Ill. Reg. 14039 - 9-27-91
-Expiration of Second Notice Period: 2-3-92

Department of Revenue

27. Property Tax/Revenue Act of 1939 (86 Ill. Adm. Code 110)
-First Notice Published: 15 Ill. Reg. 14196 - 10-4-91
-Expiration of Second Notice Period: 1-30-92
28. Retailers' Occupation Tax (86 Ill. Adm. Code 130)
-First Notice Published: 15 Ill. Reg. 15013 - 10-18-91
-Expiration of Second Notice Period: 1-30-92

Secretary of State

29. Illinois Safety Responsibility Law (92 Ill. Adm. Code 1070)
-First Notice Published: 15 Ill. Reg. 15428 - 10-25-91
-Expiration of Second Notice Period: 1-27-92
30. Issuance of Licenses (92 Ill. Adm. Code 1030)
-First Notice Published: 15 Ill. Reg. 14198 - 10-4-91
-Expiration of Second Notice Period: 1-27-92

JOINT COMMITTEE ON ADMINISTRATIVE RULES

AGENDA

31. Regulations Under the Illinois Securities Law of 1953 (14 Ill. Adm. Code 130)
-First Notice Published: 15 Ill. Reg. 14209 - 10-4-91
-Expiration of Second Notice Period: 2-3-92
- Department of Transportation
32. Repeal of Accommodation of Utilities on Right-of-Way (92 Ill. Adm. Code 530)
-First Notice Published: 15 Ill. Reg. 3003 - 2-22-91
-Expiration of Second Notice Period: 1-9-92
 33. Accommodation of Utilities on Right-of-Way (92 Ill. Adm. Code 530)
-First Notice Published: 15 Ill. Reg. 2940 - 2-22-91
-Expiration of Second Notice Period: 1-9-92

III. Certification of No Objection to Proposed Rulemaking

IV. Review of Emergency Rulemaking and Peremptory Rulemaking

Department on Aging

34. Community Care Program (89 Ill. Adm. Code 240) (Emergency)
-Notice Published: 15 Ill. Reg. 17398 - 12-2-91

Department of Professional Regulation

35. Interior Design Profession Title Act (68 Ill. Adm. Code 1255) (Emergency)
-Notice Published: 15 Ill. Reg. 17411 - 12-2-91

Department of State Police

36. Firearm Transfer Inquiry Program (20 Ill. Adm. Code 1235) (Emergency)
-Notice Published: 15 Ill. Reg. 17785 - 12-6-91

V. Agency Responses to Joint Committee Statements of Recommendation

Department of Professional Regulation

37. Illinois Physical Therapy Act (68 Ill. Adm. Code 1340)
-First Published: 8-9-91
-Recommendation Date: 9-17-91
38. The Vital Records Act (77 Ill. Adm. Code 500)
-First Published: 3-8-91
-Recommendation Date: 7-23-91
-Response: Agreement

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of December 18, 1991 through December 24, 1991, and have been scheduled for review by the Committee at its January or February meeting. Other items not contained in this published list may also be considered by the Committee at its January or February meeting. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 509 South Sixth Street, Room 500, Springfield, IL 62701.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
2/3/91	Department of Public Health, Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)	9/27/91 15 Ill. Reg. 14039	1/8/92
2/3/92	Department of Conservation, Nuisance Wildlife Control Permits (17 Ill. Adm. Code 525)	11/1/91 15 Ill. Reg. 15647	1/8/92
2/3/92	Secretary of State, Regulations Under the Illinois Securities Law of 1953 (14 Ill. Adm. Code 130)	10/4/91 15 Ill. Reg. 14209	1/8/92
2/6/92	Illinois Student Assistance Commission, Guaranteed Loan Programs (23 Ill. Adm. Code 2720)	10/18/91 15 Ill. Reg. 15026	2/92
2/6/92	Department of Professional Regulation, Illinois Physical Therapy Act (68 Ill. Adm. Code 1340)	8/9/91 15 Ill. Reg. 11369	2/92
2/7/92	Department of Professional Regulation, Certified Shorthand Reporters Act (68 Ill. Adm. Code 1200)	10/11/91 15 Ill. Reg. 14369	2/92

PROCLAMATION

91-590

TOP LADIES OF DISTINCTION DAY

Whereas, Top Ladies of Distinction (TLOD) was founded in 1964 and has grown to include more than 6,000 members and 120 chapters; and

Whereas, with the motto "Serving Youth and Adults," TLOD strives to coordinate professional women to help young people, to enhance the status of women, support senior citizens, and beautify communities; and

Whereas, the Skyline Metropolitan Chapter of Top Ladies of Distinction, Incorporated will be officially chartered December 15, 1991. Lady Doris B. Powell is the chapter's organizer;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim December 15, 1991, as TOP LADIES OF DISTINCTION DAY in Illinois, in recognition of the organization's devoted efforts to improve the quality of life for our citizens.

Issued by the Governor December 15, 1991.

Filed with the Secretary of State December 19, 1991.

91-591

GLENBROOK NORTH MARCHING BAND DAY

Whereas, the Glenbrook North Marching Band will represent the Glenbrook North High School of Northbrook while touring England and Scotland; and

Whereas, the Glenbrook North Marching Band was chosen for the Dundee 800 in Dundee, Scotland, to help the city mark its 800th year with a Winter Carnival and Hogmanay Celebration; and

Whereas, the highlight of the trip will be the band's participation in festivities on New Year's Eve to commemorate Dundee, Scotland's 800th year; and

Whereas, Glenbrook North Principal Duffy and Director Herr have made arrangements through the Dundee 800 committee for the band to visit and perform at several Scottish places; and

Whereas, the trip will give band members the opportunity to study the land, history, and people of Scotland;

Therefore, I, Jim Edgar, Governor of the State of Illinois, proclaim December 30, 1991, as GLENBROOK NORTH MARCHING BAND DAY in Illinois and give special thanks to the Lord Mayor and the people of Dundee for their help in making this valuable learning experience possible for the Glenbrook North band members.

Issued by the Governor December 16, 1991.

Filed with the Secretary of State December 19, 1991.

ACTION CODES

A - Adopted Rule
AR - Adopted Repealer
C - Notice of Corrections
CC - Codification Changes
E - Emergency Rule
ER - Emergency Repealer
M - Modification to meet JCAR objections
O - JCAR Statement of Objections

P - Proposed Rule
PF - Prohibited Filing Ordered by JCAR
PP - Peremptory or Court ordered Rules
PR - Proposed Repealer
R - Refusal to meet JCAR objection
RC - Statement of Recommendation
S - Suspension ordered by JCAR
W - Withdrawal to meet JCAR objections

JCAR - Joint Committee on Administrative Rules

EXAMPLE:

AGRICULTURE, DEPARTMENT OF

8 Ill. Adm. Code 285 Ill. Grain Insurance Act (P-18048/85; A-6818)

TITLE PART ACTION CODE PAGE NUMBER PREVIOUS VOLUME ACTION CODE PAGE NUMBER ACTION CODE

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-9786.

COMMERCE AND COMMUNITY AFFAIRS, DEPARTMENT OF
 14 Ill. Adm. Code 520 Enterprise Zone Program (P-9787/91; A-89)

CONSERVATION, DEPARTMENT OF
 17 Ill. Adm. Code 1010 ~ Ill. List of Endangered & Threatened Fauna (P-13594/91; A-103)
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